CERTIFICATE OF DEATH 102

00101

200	Keg, Dist, No.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Anno Hound	Maryland Home Abunde
b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY ORTOWN (If outside corporate limits, write RURAL and give nearest town)
Apropolic Iday	X Pasadena Fth Sillery Bay
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM?
AnneMiundel General Hosp.	11-1-120x 250 YES NO DY
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) CHARLES	ABEL DEATH / 31 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 19st birthdor) Months Doys Hours Min.
19618 WINTE WIDOWED DIVORCED	June 4, 1880 78 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if fetired)	USTRY 11. BIRTHILACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Hechanic (reto) Valto. Irans:	+ York, Pennsylvania 100 20. Au
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
tredance Abol	Emmes Heldler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address A A
NO Num 213-10-0241	1975 Nelliek of bel Jamens m-
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Bronchopholima	
420.0 DUE TO	
Conditions, if ony, which) (b) Browchiectas	is with allmonay emphasema one year
gove rise to immediate couse (a), stating the under-	11 10
lying couse lost. (c) Williams Elevolu	c reart disease two years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Severalized arteriosclerosi	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO
I ≅ OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
Hour o. m. p. m. 19 While Not while at work of work	
21. I certify that I attended the deceased fram. Jam.	1957, to Jan 31 , 1959, that I last saw the deceased
alive an Jan 30 , 1959, and that deat	h accurred at 11 5 AM, fram the causes and an the date stated above.
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE CITTHER Landsford fr.	M.D. Mountain Road 1/31/59
PHYSICIAN'S ACTURE A DUIL TO TO TO	
NAME (Type) ARTHUR LANGEFORD IR MD	Gasadena F.O. maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 2d. LOCATION (City, town, or county) /(Stote)
Finial Feb. 3, 1959 Loudon	Par/80 13alto-, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Ingleton Turberal Home Wen Dor	mm Dof DATEB 5 '59 Oriling & thous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 uneral director. TO FUNERAL DIVIDED. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld tetrached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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			And the second
			SIGN TO THE REAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 3. NAME OF First Middle 4. DATE Lost Month Day DECEASED OF DEATH (Type ar print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Germouca Canditians, if any, which gove rise to immediate DUE TO cotse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II af item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) factory, street, office bldg., etc.) a. m. While Not while at wark p. m. 21. I certify that I ottended the deceased from Kill 1952, that I last sow the deceased alive on M, from the couses and on the dote stated obove. ond that death occurred ot ő ADDRESS (Street, city or Jown, state) /- 3/-57 ACTUAL SIGNATURE HOSPITAL PHYSICIARUS NAME ITYPE FUNER, co 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Spegify) 0 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

15M 9/55

e. IS RESIDENCE

ON A FARM? YES NO

Year

19.

PERFORMED? YES NO

(Stote)

(Stote)

Min.

Hours

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	10	0	CERTI	IIGAI	E OI PEAI	•		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Ar	ne Arundel		MARY		USUAL RESIDENCE (Vo. STATE	Where deceased	b. COUNT		before adi	mission)
RURAL and give no	f outside carporate limi carest tawn) IUPCI	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (II			RURAL and giv	ve nearest I	own) ,
	AL (If pot in hospital, a	Trair	oddress) ling School		d. STREET ADDRESS 6 Barnes	Lane,		<i></i>	OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Gen	st	Middle		Lost	4. DATE OF DEATH	Ma		Day	Yeor
5. SEX	6. COLOR OR RACE		Ballard IED NEVER MARRIE D DIVORCES		Austin ATE OF BIRTH	000	9. AGE (In years last birthday)	Months D		19 59 NDER 24 HRS. Urs Min.
10a. USUAL OCCUPATIO during most of work	White ON (Give kind of work king life, even if retired	done 10b.		1 1/3				12. CITIZ		HAT COUNTRY
13. FATHER'S NAME			61.64	1,	Maryla			US	SA	
\	el Clifton	Aust	in		Virginia		e Steve	ns		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		rmani Socia trict Trai	l Servi	ce, Chi	dren's	Cent Md.	erT
ž i	mmediate () Ditions <u>c</u>	Cystic di				CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY REFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF	4						
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Manih, Day, Ye	While of work	Not while	20e. PLACE foctory	OF INJURY (Home, fa , street, affice bldg., e	rm, 20f. (City	ar town)	(Co	unty)	(Stole)
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Magnet	_, 19	and from 3/26, and that follows, mola	death ac	curred oill:25 District Children	AM, from	the causes reet, city or town na Schoo	and an the		
220. BURIAL, CROWNIE		F	22c. NAME OF CEME	Tery or co	ematory ing School		ION (City, town, el, Mary		(5	Stote)
23 FUNERAL DIRECTOR	SIGNATURE	9	ADDRESS Laurel	Marv		C'D BY REGIST	RAR 24b. REG	rithun &		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM? YES NO S

Year

PERFORMED? YES NO

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Anne Arundel o. STATE Maryland b. COUNTY MARYLAND b. CITY OR TOWN (If guiside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest lown) 1m 20a Cecilton Crownsville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? P. O. Box 192 Crownsville State Hospital YES TO NO TO NAME OF 4. DATE Middle lost Year DECEASED Ferdinand Phedentiar (Type or print) Racon DEATH 29 1959 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lost birthdoy) Months Dovs Male Nebro DIVORCED [WIDOWED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Bacon Laura 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) Unknown Hospital Records No CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicopyemia IMMEDIATE CAUSE (o) **DUE TO** Decubital Ulcers Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS Y PERFORMED? Syphilitic Cardiovascular Disease YES IN NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not while While of work at work D. m 12/9 1/29 21. I certify that Vattended the deceased fram. 1959_...that I last sow the deceased and that death accurred a \$154. M, from the couses and on the date stated above. olive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Crownsville State Hospital. Md. PHYSICIAN'S NAME (Type) McHenry Mapp. Crownsville State Hospital, Md. Lionel M. 1/29/59 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 14 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Cirthury S. Fraus

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VS A15 (4)

15M 10/57

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IS RESIDENCE ON A FARM?

YES NO T Year

1959 F UNDER 24 HRS. Hours

WHAT COUNTRY?

VAL BETWEEN

WAS AUTOPSY PERFORMED? YES NO

(State)

w the deceased e stated above. DATE SIGNED

		104	CERTI	FICA	ATE OF DEATH	1		Reg. D	ist. No.	010
o. COUNTY Anne Aru	ndel		MARY	LAND	2. USUAL RESIDENCE (WHO STATE	ere decease	b. COUNTY	an: Reside		
	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o	utside corpo	rate limits, write R			
Amapolis					// Annapol	is				
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					e. IS RES
U.S. Naval	Hospital.	Annar	colis. Md.		84 West Was	hingt	on St.			YES [
NAME OF	Fir	st	Middle		Lost	4. DATE	Mor	ith	Do	y
(Type or print)	Jo	hn	Alf	her	BLACKSTONE	DEATH	JAN		21	,
SEX	6. COLOR OR RACE		RIED NEVER MARRIE		8. DATE OF BIRTH	1000	9. AGE (In years	IF UNDE	RIYEAR	IF UND
34.2		WIDOW			0.21.00		lost birthday)	Months	Days	Hours
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during most of work	ing life, even if retired)	KII1D OI BUSII1E33 O	K HINDU.	TI. BIKITI DICE (SIGIE	ur toreign c	Johnsyj	12. 0	112614 (DE WINA
U.S. Navy		I	I.S. Navy		Maryland			U	S.	20
B. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
Charles Bu	ck BLACKST	ONE			Elizabeth	CARPE	NTER			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. II	NFORMANT		Add	ress		
Yes	WWT	ervice)			U.S.Naval Hos		Annapol	4 - 1	MA	
		use per li	ne for (a), (b), and (c).		Vallaval 1105	prod	Aurapo	-433		ERVAL BE
	TH WAS CAUSED BY:				Pyelonephriti					SET AND
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Conditions, if a)	Beni	gn p	rostatic hype	rphas	ia			
cause (a), stating	h DUE TO									
lying cause last.) (0)								
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS
Gener	alized art	erios	clerosis							YES T
20a. ACCIDENT WA				CCURRE	D. (Enter nature of injury in I	Part I or Par	t II of item 18.)			
20c. TIME OF INJUR Hour a. ft. p. m.	Y Month, Day, Ye	20d. II While at wor	Not while		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		or town)		(County)	
21. I certify th	at I attended the	deceas	ed from 22 J	an	1959 to 22	Jan	19 59	that I	last e	aw the
alive an 22		12.5			occurred at 5:08F					
dive dil 22	Y-256	, (%	cz, and mar	uearn			n the causes of reet, city or town,		ine da	re state
ACTUAL	0.00		0				ice, city of lown,	sidie)	-	U.

22c. NAME OF CEMETERY OR CREMATORY

23 Jan 1959

SIGNATURE PHYSICIAN'S T MC USN

22b. DATE THEREOF

U.S. Naval Hospital, Anna. Md.

22d_LOCATION (City, town, or county)

23 FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, REMOVAL (Specify)

ADDRESS

24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

DATE JAN 2 6 '59

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after After this certificate has been signed by the attending physician and campletely filled R. After this certificate has been signed by the attending purprocession papers. Rached for use as the burial-transit permit. Then please remaye better death. the registror prior TO FUNERAL DIRE
page 3 should be

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Pages 1 and 2 should

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delay is necess	funeral d	etoined for	RRCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, T.	death.
ath. If ony	and 3 to the	e 5 may be r	d 2 with the	ted agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.
urs after de	Pages 1, 2,	P.M3. Pog	pages I on	int within 72
vithin 24 ho	18. Give	with form	rmit. File	in any eve
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VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAM FOR STATE

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PARIMENT OF REALIN-BALIMOKE,	10	0.0104
MINER'S CERTIFICATE OF DEATH	Reg	g. Dist. No.
2 HEILAL DESIDENCE (M/L	ution P	aridanca hafara admire

0.	ACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (W	here deceas	ed lived. If institu		lence be	fare adm	ission)
	nne Arundel CITY OR TOWN (It outside corporate limits, write RURAL		Same		D CHILO				
	and give nearest fawn)	c. LENGTH OF STAY IN 16	c. City or town (if	autside corp	orate limits, write	RURAL on	d give n	earest to	wn)
-	NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS					To IS D	ESIDENCE
		spirot, give ander address;						ON	A FARM?
	Old Quaterfield Rd.		Same					YES	NO []
	AME OF First	Middle	Last	4. DATE OF	Month	1	Doy	1	eor
	one or original and on the second	gust Blaudow		DEATH	1/7/59			1	9
5. SEX	6. COLOR OR RACE 7- MARRI	ED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
	M WIDOWE	D DIVORCED	3/25/87		lost birthday) 73 yrs.	Months	Days	Hours	Min.
100. L	JSUAL OCCUPATION (Give kind of work done 10b. ing most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of	ar fareign c	ountry)	12. CI1	IZEN O	F WHAT	COUNTRY?
	etired Maintenance man.		Germany, Eu	rone		7.1	CR. A.		
	ATHER'S NAME		14. MOTHER'S MAIDEN N				-		
	Adolph Blaudow		Johanna Ri	enow					
	/AS DECÊASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	NFORMANT		Address	421	Merc	er A	ve.
	No	214-03-4172 A	Mr and M	irs.Kar	rl Pfeil.	Ri	ver	Edge	.N.J.
11	B. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]					INTE	VAL BETW	CEN
	PART I. DEATH WAS CAUSED BY:	phyxiation due	to amoleo					udde	
	01/0	buly xractou due	to shoke.					uade	11
	7 / 6 . 0 DUE TO								
	Conditions, if any, which (b)								
	a), stating the underlying DUE TO								
	couse test. (c)								
3	PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
IĚ								PERFC	NO [7]
CERTIFICATION	Do. EXTERNAL CAUSE WAS 20b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury in Part	Los Part II	of Hom. 18 1				HO M
1433 PI	RIMARY or CONTRIBUTING								
	Delec	tive stove caus	sed excess of	smoke	e in the				
MEDICAL	Oc. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. Whil	Not while 20e. PLACE	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City	or town)	(Co	unty)		(State)
MEI	Unknovem. 19 of we	ork ot work Home		Seve	ern A.	bM.A.			
2	1. I certify that I took charge of the	remains described abo	ve, held on Autops	/\\\/\ln	spection [],	Inqui	гуХП	, on	d in my
0	pinion death resulted fram: Natural	couses , Accident [X, Suicide , H	lomicide	, Undele	rmined	monne	er 🗌	
	1 1 6	. 1							
	ACTUAL BUSTANE HE GUE	lead 14	M.D. CHIEF MEDICAL EXA	AMINER []				DATE S	IGNED
11,	TONATORE - C-WA 17-E ANNA	The Carlot	ASSISTANT MEDICA	I FYAMINES					
	XAMINER'S Gustave H. Fauber	t.M.D.	DEPUTY MEDICAL E		A A	59			
	IURIAL CREMATION, 1226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, Iawn, o	or county)	0	(Stat	e)
R	EMOVAL (Specify) Jan 10-59	Hoy Cro	120	Kil	telen/try	dung	1721	The	mes
23. FU	THERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTE				RE /	
1/:	semmer of Just Selen	1 December In	DATE	1 2 '59	Chilin	21 A. 9	Traus		

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VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00109

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY Anne Arund	lel		MARYLA		USUAL RESIDENCE () o. STATE Mary Land	Where decease	b. COUNTY	Baltimore City						
RURAL and give r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville d. NAME OF HOSPITAL (If not in haspital, give street address) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								give near	est tawr	1)			
OR INSTITUTION	Crownsville State Hospital						Street		e. IS RESIDENT ON A FARA YES NO		FARM?			
3. NAME OF DECEASED (Type or print)		Lyde	Middle		Brown	oth	Doy 18		Year .50					
5. SEX Female	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED DIVORCED		1904		9. AGE (In years lost birthday) 54 yrs.	IF UNDER Months	1 YEAR I					
10a. USUAL OCCUPATION during most of wor Domestic	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sto		country)	12. CIT	U.S.		COUNTRY			
13. FATHER'S NAME	Clark			1.	Ethel Jo						10.5			
75. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FOR Iff yes, give war ar dates of s		SOCIAL SECURITY NO.	17. INFO	rmant pital Keco	rds	Add	ress						
Conditions, if c gove rise to i couse (a), stating lying cause lost. PART II. OT	the under- DUE TO (c)	Art Hyp	Brain demonstrates eriosclerots ertension	ic Ca	rdiovascul	MINAL DISEAS	SE CONDITION GIV		T 1(o) 19.	. WAS A	AUTOPSY RMED? NO			
3 20c. TIME OF INJUR	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Yes		Not while	e. PLACE	OF INJURY (Home, fo street, affice bldg., e	rm, 20f. (Cit		(0	County)		(State)			
21. I certify the olive on 1 ACTUAL SIGNATURE CL PHYSICIAN'S NAME (Type)		1. 195				ADDRESS (S	m the causes of treet, city or lown, ate Hospi	ond on the store)	id.	e state	deceased above ATE SIGNED /19/59			
220. BURIAL, CREMATIC REMOVAL (Specify)	1-23-			RY OR CR	lem	1321				(State	e)			
123. FUNERAL DIRECTOR	1 -	Dru	ADDRESS HILL AV	e.	240. RE	JAN 2 2		Outling	0 10					

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	CERTIFICATE OF DEATH
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	A CONTRACT OF A STATE OF THE ST
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5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after

R STATE	tems 18-21 FilMARYLAND, STATE DEPARTM MEDICAL EXAMINER!	S CERTIFICATE OF DEATH Reg. Dist. No.							
TH DEPT.	I. PLACE OF DEATH)	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
Heolih Heolih	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Boord 0.0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sherwood Forest	d. STREET ADDRESS 1538 McCulloh Street on A FARM? Crownsville State/Hospital yes on On A FARM?							
er death	3. NAME OF First Middle DECEASED (Type or print) PAUL	BROWN OF (FOUND) Jane 14 19 59							
z with the	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Colored WIDOWED DIVORCED								
ond I	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Singer Show busines	s Baltimore, Md.							
pod c	David Brown	14. MOTHER'S MAIDEN NAME Martha Queen							
it. File ony eve	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [If yes, give wor or dates of service]	Mrs. Martha Clark Address 3406 Duvall Ave.							
onsit perm	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH							
a buriot-re	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lest. (c)								
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES MO							
berial, c	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. Exposure to								
or to be	Hour o. m. Unknown, While Not while Co	ACE OF INJURY (Home, form, 201. (City or town) (County) (State) tory, street, office bldg., etc.) Ve — Woods — Anne Arundel Md.							
gent, ro	21. I certify that I took charge of the remains described ab apinion death resulted from: Natural causes . Accident								
ofed ag	ACTUAL SIGNATURE Kniell & Freher	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED							
FUNERAL of its design	EXAMINER'S Russell S. Fisher, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1/15/59							
mgp 3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)							

ST SECTION THE PROPERTY OF THE STATE OF A SECTION OF THE SECTION O Carrie Language 12 .100 Mileson Concess Services . No. angeristing premiums would be TAIL adda ... TO THE OWNER OF THE Direction of the Committee of the Commit Harriel Conn. 19.1950 At. Andonno Selimore, Mr. Andonno Connect Marie Marie Service Connect Marie Marie Service Connect Marie Servic

Н	F	O	R	ST
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please	funeral di pr. Page m	etained for sefiles. D	State Board of Hearth, I	ar its designated agent, prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.
after death. If any d	les 1, 2, and 3 to the	A3. Page 5 may be re	ges I and 2 with the	within 72 hours after a
cuted within 24 hours	in Item, 18. Give Pag	e along with form PA	insit permit. File page	ol, and in any event.
tificate should be exe	pending in pencil	ical Examiner's Office	e used as a burial-tra	crematian, ar remov
EXAMINER: This cer	e, writing the ward	ed to the Chief Med	R: Page 3 should be	ent, prior to burial.
TO DEPUTY MEDICAL	execute the certificat	4 should be fo	TO FUNERAL DIKECTO	ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18							
	MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg. Dist. No.							
•	1. PLACE OF DEATH o. COUNTY A . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE December 1. COUNTY Appeal							
	b CITY OR TOWN (If outside corporate limits, write RURAL one give nearest fown) Little El D	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
1	Seconlary "In bed at home"	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO []							
	3. NAME OF DECEASED (Type or print) Packel Marie But	1. Lost 4. DATE Month Day Year OF DEATH January - 8 1934							
	. WIDOWED TO DIVORCED	STILL 9 8. AGE (In Sears Seat Birthery) 4. AGE (In Seat Birthery) 4. AGE (
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Sauch 2nd 12. CITIZEN OF WHAT COUNTRY?							
)	13. FATHER'S NAME GAGES	Dusie mattless.							
6	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ves, no. or unknown) (If yes, girl war or dates of service)	NFORMANY Address							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O TOMALY OR	lessing interval between onset and death							
	Conditions, if ony, which) (b)								
	gove rise to immediate cause (a), stating the underlying DUE TO								
)		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	Enter nature of injury in Part I or Part II of item 18.)							
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA While Not while for work of work of work	ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) lory, street, office bldg., etc.)							
	21. I certify that I taok charge of the remains described about opinion death resulted from: Natural causes . Accident								
	ACTUAL BUSINESS WE AND SUID	CHIEF MEDICAL EXAMINED TO DAYE SIGNED							
2	EXAMINER DUSTAVE H. FAUDERI. M.	ASSISTANT MEDICAL EXAMINER							
	220. BURIAL CREMATION. 22b. DATE HEREOF 1/13/59 22c. NAME OF CEMETERY OF 1/13/59	CREMATORY 22d. LOCATION 1919, town, or county) (Stote) Laurel, Md.							
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BOOKVILLE,	Md. DATE AN 1 2 '59 Contagn & Kraud							

Tomost Sun ill State of

HEALTH DEPT.

death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIR

OR: After this certificate has been signed by the attending physician and campletely filled in by the content page 3 should be dead for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00112

344 CERTIFICATE OF DEATH

Reg. Dist. No.

	_			Keg. Dis	it. No.
	1.	COUNTY ANNE Arunde L' MARYLAND	2. USUAL RESIDENCE (Where deceased lived. I o. STATE b.	f institution: Residence	ce befare admission)
		S. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neores! town)	c. CITY OR TOWN (If outside corporate limits	s, write RURAL and g	give nearest town)
	1	ines on Severy MJ. 20 12	× Omesonthe	Lever	narvole
	Y.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	w	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle DECEASED Type or print) A 10 10 E + F 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 10 E + F Type or print) A 10 E + F Typ	But tost 4. DATE OF DEATH 5	Month	Day Year 28 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE		1 YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED	Aug 31, 1876 82	rthdoy) Months yrs.	Doys Hours Min.
	10o	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BITTHPLACE (Stote or foreign country)	12. CITI	IZEN OF WHAT COUNTRY? $\mathcal{U} - S$
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 /	
	C 15.	John. Healey Buxton. WAS DECEASED EVER IN U. S. ARMED FORGES? 116, SOCIAL SECURITY NO. 12-11	Gare Cer	Address (C	LURIIS)
	{Yes	no. or unknown) (If yet give war or dates of service)	OMYS. Ruck	er 8	oml.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y:	2 11 0 1		INTERVAL BETWEEN ONSET AND DEATH
		33/X IMMEDIATE CAUSE (6) CE TEL YEAR) / 4	montroge	2 1	
		Conditions, if ony, which) (b) New role, a	a artoroscle	roses	
		gave rise to immediate couse (a), stating the under:			
	z	lying cause last. (c)	NOT BELATED TO THE TERMINAL DISEASE CONDU	TION CIVEN IN BARI	TACALAN AMAG ANTORGY
)	CATION		NOT RELATED TO THE TERMINAL DISEASE CONDI	IION GIVEN IN PARI	PERFORMED? YES NO
	L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of iter	n 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Mour a. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of work 19	ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)	(C	ounty) (State)
		21. I certify that I attended the deceased from april	1958, 10 Jan 28.	1955, that 11	ast saw the deceased
		alive on and that death			e date stated above.
		ACTUAL SIGNATURE STORES OF STORES	M.D. Severna Car	or lown, stote)	DATE SIGNED
		PHYSICIAN'S Robert R. HAHW.			Md.
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CEMETERS OF CEME	R CREMATORY 22d. LOCATION (CIT	r, town, or county)	(Stote)
		EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 2	4b. REGISTRAR'S SIG	SNATURE STATE
	0	TEWART & mowen 6-108W. North	AV BATE DATE AN 3 0 '59	Clashing 8.	4

	CORNER DE SE SETTEMENT ARRIVE TIMES DE LA COMP
HTATORIO STADE	
3 (1995) Control Contr	

e. IS RESIDENCE ON A FARM? YES NO

Year

1959

Reg. Dist. No.

Day

31

5. 5	SEX .	6. COLOR OR RACE	7. MARRIED THE	NEVER MARRIED	B. DATE OF BIRTH	1882	9. AGE (In yea	rs IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
	Male	W.	WIDOWED [DIVORCED [7-24	-18	lost birthoay	Manths Days	Hours	Min.
0a	. USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND OI	BUSINESS OR IND	USTRY 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
	Black Sh	ing life, even if retired	Black	Smith	HOW	ard coun	tu M	d 11.	54.	
3.	FATHER'S NAME	,,,,,		1011/11/	14. MOTHER'S	MAIDEN NAME	7			
	Arthur	Campbe	11, Dr.			UNN	MOWN			
	WAS DECEASED EVER	IN U. S. ARMED FOR			INFORMANT	Tim - 1	- A	ddress		
					Marie 4	M Johns	tages	vater,	Md.	
	18. CAUSE OF DEAT	TH [Enter only one co	use per line for (o)	, (b), and (c).]	^	/			TERVAL BET	
		H WAS CAUSED BY:	Ca	rdior.	taiclus	- 6.		0	NSET AND	
	443×	DUE TO								7
	Conditions, if an	w which \	100	castill	o hear	- de sea	500		3 111	ook.
	gave rise to in		,	7001100	- // - 41/	u e s cu	20		200	24/2
	lying couse last.	ne under-	14.	ertens.	ive car	dia llace	ulande	CPACO	unki	10Wm
z		ER SIGNIFICANT CON					SE CONDITION O	GIVEN IN PART 1(a)	19. WAS A	UTOPSY
9	TARI II. OIII	ER SIGNIFICANT CON	DITIONS COMPRIBE	DING TO DEATH BO	I NOI KEDATED TO	THE TERMINAL DISEA	ISE CONDITION C	SIVEN IN PART I(Q)	PERFO	RMED?
N.	20- 466126147		not precount to						YES	NO D
CERTI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	OW INJURY OCCURR	ED. (Enter nature at	injury in Port 1 or Po	art II at item 16.)			
S	20c. TIME OF INJURY	Month, Day, Yes	or 20d. INJURY O		LACE OF INJURY (H		ty or tawn)	(Caunt	y)	(State)
MED	Hour a. ji. p. m.	19		work	octary, street, affice	blag., etc.)				
	21. I certify the	at I attended the	deceased fran	n_1-31-	, 1959	, ta	, 19	,that I last	saw the	deceased
	alive on	1-31	1959	, and that deat	h accurred at_	11 15 PM, fro	im the causes	and an the d	ate state	d above
		V	1 '	0,	12 EE		Street, city or tow			TE SIGNED
	ACTUAL	Sylvia,	m.X	und	M.D. 8+	1 Box 2	77-14		2-1-	59
		1	,)	, 7	7	,		, ,		7
	PHYSICIAN'S NAME (Type)	Dylvia	M. Wi	4, M.D.	Edg	ewater	Hary	1 land		/
220	BURIAL, CREMATION	N, 226. DATE THEREC)F 22c. N	AME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, Jown	n, or county)	(Stote)
1	3111219L	スールーと	7 1	REEDO	M	541	TES VI	LLE /	40	
23.	FUNERAL DIRECTOR'S	SIGNATURE	AD	DRESS		24a. REC'D BY REGI		GISTRAR'S SIGNAT		
1	-(.H16/N	BOTHOIY.	1= ht-16	071 6	TY 170	DATE 4	Ciri	hur S. Man	5	
	The state of the s			To the same						

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			A CONTRACTOR OF THE CONTRACTOR
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIEICATE OF DEATH

		14	CERTIFIC	CAI	COLD	EATH	50.00		850	Reg. D	ist. No.	1127	
1. PLACE OF DEATH o. COUNT Anne	Arundel		MARYLAN		USUAL RESID o. STATE Ma	ence (who	-		If institution	an: Reside	nce befa	re admiss	sian)
RURAL and give no	f outside corporate limited rest town) rge G. Mean		c. LENGTH OF STAY IN 1	Ь	c. CITY OR TO			orate lim	its, write R	URAL and	give nec	orest tawr	٦)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, or my Hospital	ive street			d. STREET AD	ltimo DRESS Alde		, Bal	timo	re			SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii Alar		Middle Bryson		Carne	er ir	4. DATE OF DEATH	1	Mon Janu		3	,	Year 19 59
5. SEX Male			RIED NEVER MARRIED		ATE OF BIRTH		9	9. AGE last	(In years birthday) yrs.		R 1 YEAR		ER 24 HRS. Min. 37
during mast at worl	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN		Ma	arylar	ıd	country)			USA	F WHAT	COUNTRY
13. FATHER'S NAME Alan B C						rbara		Jung					
15. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s				B Car		304 A	lden	Rd E	121	more	Md	
Conditions, if a gove rise to it cause (a), stating lying cause lost.	m mediate the under-)	CONTRIBUTING TO DEATH	RUT NO	PELATED TO	THE TERMIN	IA1 DISEAS	SE COND	NITION CIV	ENI INI DA	PT 1/al li	O WAS	ALITOPEV
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU									PERFO	NO K
20c. TIME OF INJUR Hour a. jr. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Nat while k at work	PLACE factory,	OF INJURY (H street, affice	ame, farm, bldg., etc.)	20f. (Cit	y or taw	1)		(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) F	January Much L RANK L. GR	., 12 5 USKA)	ed from 2 Jan 9, and that dec lustral	M.D.		915 A Army	M, frai DORESS (S Hosp	m the distreet, cit	y ar town,	ind on (state) Mead	the dat	te state	deceased ed above ATE SIGNED Jan 59
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	1-7-59	F	U.S. Nation				Bali	timo	ity, tawn, c	or county)		(State	•)
23. FUNERAL DIRECTOR		217	ADDRESS S ₊ .Paul Str	eet		240. REC'D		TRAR	24b. REGIS	STRAR'S SI		RE	

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be Joched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer-death. TO HOSPITAL OR VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4

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d be filed with heral director,

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00115

\$47	CERTI	FICATE	OF	DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arunde	1		MARYLAND		USUAL RESIDENCE (Vo. STATE Maryland	Where decease	d lived. If instituti b. COUNTY Baltim			odmissi	ion)
b. CITY OR TOWN (I RURAL and give no Crownsville	f outside corporate lim arest town)		ength of stay in 18		c. CITY OR TOWN (II Baltimore	•	prote limits, write R	URAL ond g)
d. NAME OF HOSPIT OR INSTITUTION Crownsville	AL (If not in hospital, state Hos	give street oddre	755)		d. STREET ADDRESS 910 North	Wolfe	Street		0.	IS RES	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)		thel	Middle		Carter	4. DATE OF DEATH	Mor 1	nth	25		Yeor 5 9
5. SEX Female	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED A	B. D	ATE OF BIRTH	7	9. AGE (In years lost birthday) 71 yrs.	IF UNDER Months		Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work Housework 13. FATHER'S NAME Samuel	DN (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS OR INI		Maryle Mother's Malden Lucie	and NAME		12. CIT		WHAT	COUNTRY
15. WAS DECEASED EVE	R IN U. S. ARMED FOI (It yes, give war or dates of	RCES? 16. SOCI		Hos	RMANT Dital Heco:	rds	Add	Iress			
	mmediate (Pui	(o), (b), ond (c).] Imonary Eml			sease			INTER	VAL BE	TWEEN DEATH
PART II. OTI	HER SIGNIFICANT CON Diabetes M AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ellitus	RIBUTING TO DEATH B					VEN IN PART	. '	PERFO	AUTOPSY RMED? NO
20c. TIME OF INJUR Hour o. m. p. m.		While	Y OCCURRED 20e. Not while of work	PLACE factory	OF INJURY (Home, fa, street, office bldg., e	erm, 20f. (Cit	y or town)	(0	County)		(Stote)
olive on	at I offended the 1/25/ Ullul fer Hildegard I	19 159 arlife	, and that dea	M.D.		ADDRESS (S	m the couses of treet, city or town, ate Hospi	and on the stote)	id.	1/2	deceased ed abave. ATE SIGNED 6/59
220. BURIAL, CREMATIC REMOVAL (Specify)	1/31/3	59 m	NAME OF CEMETERY	OR CR	PYCEM.	22d. LOCA	TION (City, town,	or county)		(State	10.
23. FUNERAL DIRECTOR	S SIGNATURE	-1701	NI BONDS	57	24a. RE	C'D BY REGIS		STRAR'S SIC	Plant	0.	

be fitted with death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter may be retained by the hospital or attending physician.

O FUNERAL DIRF R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be carban papers. Pages 1 and 2 shither enjoir to be burial, cremation, or remayal, and in ony event within 72 hours ofter death. TO FUNERAL DIRE
page 3 should by TO HOSPITAL OR

VS A15 (4) 15M 10/57

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	ent (1) (1) (1)		
Contraction and James 25 (1)			
Nau Secretary of Land		d Replace	

TO FUNERAL DIRE page VS A1S (4) 15M 9/58

Burial

Baldwin Memorial Cemetery 1-26-59 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Annapelis, Maryland

Millersville, Md. 24g, REC'D BY REGISTRAR DATERN 2 8 159

24b, REGISTRAR'S SIGNATURE arthur S. Krous

Reg. Dist. No.

Months

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

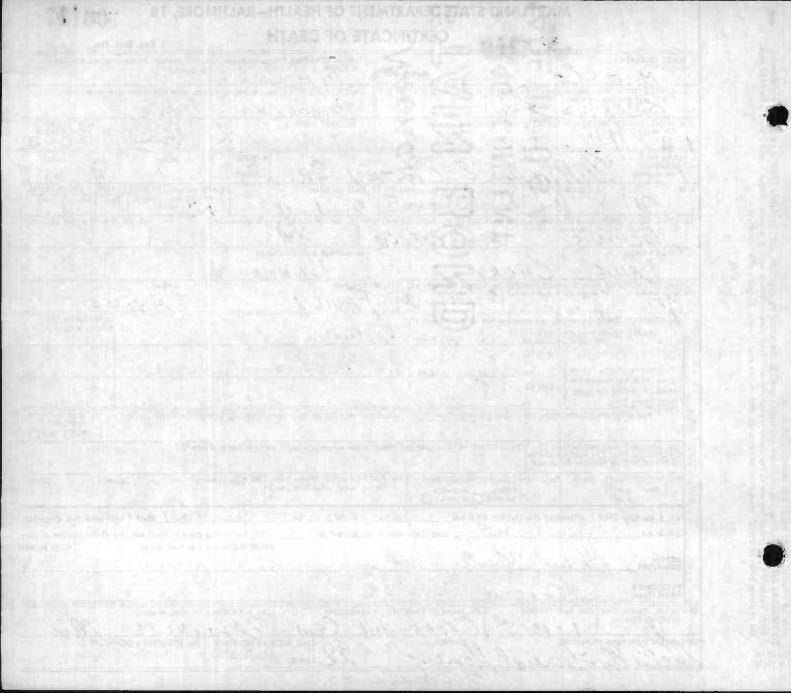
PERFORMED? YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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or. Poge ir files. necessory, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessarily case, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral diseasation to the following the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral diseasation to Flore along with form PM3. Page 5 may be retained for TO FUNERAL DISEASATION OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A1SME &M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ORE, 18 00119

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	2 2 2							
1. PLACE OF DEATH o. COUNTY	1	MARYLAND	2. USUAL RESIDENCE		b. COUN		nce before ad	mission)
b. CITY OR TOWN (If outside corporate limits, and give negrest town)	write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	rland (If outside corpore cimore	e limits, write			town)
d. NAME OF HOSPITAL OR INSTITUTION		itat, give street address)	d. STREET ADDRESS		te St	reet	e. tS	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First a vid	Middle Joshus	Last	4. DATE OF DEATH	Mon		Doy 22	Year 1959
5. SEX 6. COLOR OR RAI	7. MARRIED	NEVER MARRIED E	4/18/188	9. /	GE (In years of birthday)	Months D	YEAR IF UN	IDER 24 HRS
10o. USUAL OCCUPATION (Give kind of wo during most of working life, even if retire Salesman		nd of Business or Indust layers & Sol	Baltim	nore, Md	ή) •		S.A.	T COUNTR
13. FATHER'S NAME Frank L	Crean	ner	14. MOTHER'S MAIDEN	atherin	е Кое	hler		
15. WAS DECEASED EVER IN U. S. ARMED [Yes, no, er unknown] (If yes, give wor or date	of service)		NFORMANT Helen Oelm	ann Cre	Addres		above	
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CO	(b) (c)	eriosclerotic disease						ORMED?
PART II. OTHER SIGNIFICANT CO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Hour a.m. P. m.	Year 20d. IN	fact	inter nature of injury in P CE OF INJURY (Home, fo ary, street, office bldg., e	arm, 120f, (City or)		(Coun	nty)	(State)
21. I certify that I taak char opinian death resulted fram: ACTUAL SIGNATURE		emains described about Accident	ve, held an Autor , Suicide ,	DSY X, Insp Hamicide		, Inquiry	anner [end in my signed 3/59
220. BURIAL CREMATION, 22b. DATE THE BURIAL (Specify) 1/26/		2c. NAME OF CEMETERY OR Parkwood Col		Balti			(51)	ote)
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Schim 3331 Brehms Lan	unek Fi	uneral Home	240. RE	C'D BY REGISTRAR		ISTRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE

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24o. REC'D BY REGISTRAR

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 4/1/116 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 4ears Mayo d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE DOX 137 YES NO [] NAME OF 4. DATE Month Yeor Doy DECEASED DEATH (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 5. SEX Months Dovs Hours WIDOWED [DIVORCED [7] by yes 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ADD USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Meritt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 130 × 137 May NO 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO aardio-Vascular desease Conditions, if any, which (6) gove rise to immediate DUE TO Carcinoma of right couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from. Wine 25, 19 .. 1952, that I last saw the deceased and that death occurred at 4 32 AM, from the causes and on the date stated above. alive on Jan ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S VIA NAME (Type) 229 BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify)

ADDRESS

0 VS A15 (4) 15M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE

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		No below Your day Lett.
A Direction		

15M 9/55

240. REC'D BY REGISTRAR

DATE JAN

24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT ol director. Page of for in files. Boory of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be for every feel to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DI FOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boom or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00123

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	I. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE			Anne Ar	
)	b. CITY OR TOWN If outside corporate limits, write RURAL and give rearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpo	rate limits, write		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspitat, give street address)	d. STREET ADDRESS	mbia Bea	acn		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CHARLES	Middle HUBERT	DIX	4. DATE OF DEATH	Month Janu	-	Year 1959
		RIED NEVER MARRIED 8.	DATE OF BIRTH	9	AGE (In years last brithday) 62 yrs.	Months Days	AR IF UNDER 24 HRS.
1	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired), Spotter		Greens	boro, N	ntry)		OF WHAT COUNTRY?
	13. FATHER'S NAME Rufus Dix		Annie l	Mary Jo	nes		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IN	IFORMANT		Address		
)	Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. (c)	rteriosclerotic				01	19. WAS AUTOPSY PERFORMED? YES IN O
2	PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year With the Prince of the Opinian death resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type) WILLIAM V.	Not white of facts work of wor	ve, held an Autor Suicide , M.D. CHIEF MEDICAL ASSISTANT MEDICAL DePUTY MEDICAL	20f. (City of ic.) 25x	pectian [],], Undete	rmined man	(State) , and in my ner DATE SIGNED 1/3/59
	220, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1-7-59	22c. NAME OF CEMETERY OR Arlington Na	tional	Arlin	on (City, lawn, ogton, V	irginia	
	Jarvis, 1432 You St., N	. W., Wash. 9,		C'D BY REGISTRA		strar's signat	

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00124

	CERTIFICATE	OF DEATH
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	153	CERTIFICATE OF DEAT
PLACE OF DEATH		2. USUAL RESIDENCE (V

Reg. Dist. No. 27

1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Maryl			e before admiss	ion)
b. CITY OR TOWN (If autside carporate limit RURAL and give nearest town)	s, write c. LENGTH OF STAY IN 16		outside corporate limits, wr	10000	ive nearest town) 4
Ft George G. Meade		Baltimor	е	30/0/	- 4	
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street address)	d. STREET ADDRESS			e, IS RES	DENCE FARM?
U.S. Army Hospital		4203 Ma	rbain Court			NO K
3. NAME OF Fin DECEASED (Type or print) BRU		DOTSON	4. DATE OF DEATH	Month anuary	,	eor 959
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		TYEAR IF UNDE	
Male White	WIDOWED DIVORCED	30 January 1	lost birthde		Days Hours	Min.
10o. USUAL OCCUPATION (Give kind of wark of during most of warking life, even if retired)	dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITI	ZEN OF WHAT	COUNTRY
Airman	U.S.Air Force	Virgini	la	US	A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1		100
Thomas Dotson		Ida Flemir	ng .			
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Wife	0	Address		
Yes (WW II	rvice)	T. Dotson,	203 Marbain	Court,	BaltoMd	
1B. CAUSE OF DEATH [Enter only one co	use per line for (o), (b), and (c).]				INTERVAL BE	TWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Acute Pulmonary	y Edema			ONSET AND	DEATH
420.0 DUE TO						
Canditions, if ony, which)	Acute Myocardia	l Infarction				
gave rise to immediate						
lying couse last.	Arterioscleroti	heart diseas	20			
	DITIONS CONTRIBUTING TO DEATH BUT			GIVEN IN PART	1(a) 19 WAS A	LITOPSY
5 Chronic Glom	erulonephritis	Y THE TENNE	THE DISEASE CONDITION	ONCH IN PAK	PERFO	RMED?
PART II. OTHER SIGNIFICANT CON Chronic Glom 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II of item 18.)	TE AT	
20c. TIME OF INJURY Manth, Day, Yee Hour o. m. 19	or 20d. INJURY OCCURRED 20e. PL While Not while at wark of work	ACE OF INJURY (Hame, farm clory, street, office bldg., etc)		ounty)	(State)
21. I certify that I attended the	deceased from 0500 17	Jan 19 59 10 0	525 17 Jan 19	59 that I le	ast saw the	deceased
alive on 17 Jan	() [0	accurred at 0515	A.M. fram the cause	es and on th	e date state	d above
0 0 4	/ /		ADDRESS (Street, city or to			TE SIGNED
SIGNATURE Taul	Jockson	M.D. U.S. ARM	Y HOSP FT M	EADE. M	D 17	an 59
	SON, CAPT, MC		HOSP, FT ME			
220. BURIAL, CREMATION, 226. DATE THEREO	F 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to	wn. or county)	(Stote)
Burial 20Jan5	9 Glen Haven	Memorial	07		Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246.	EGISTHAR'S SIG	NATURE	
Hopping and Kirkle	v. Glen Burnie.	MH DATE J	AN 2 0 '59	arthur S.	Kraus	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pager TO FUNERAL DIFFEOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld that the standard for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 is the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE OFFACTMENT OF PEACE HALTIMORE 38 SHEIDER TO THE at March 14 Target Cont. Carlo Selection PROPERTY AND ADDRESS OF THE PARTY OF THE PAR TO A TO LESS OF LAND AND A SERVICE The committee of the second of OCCUPANT TWO DESIGNATIONS OF THE PARTY OF TH of the least of the statement of the sta

154	CERTIFICATE	OF DEATH
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filed with	1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before an STATE b. COUNTY	dmission)
death.	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) SYLVAN SHORES 9 years	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest SYLVAN SHORES	tawn)
in by	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15	RESIDENCE ON A FARM?
24 Iled	3. NAME OF First Middle DECEASED (Type or print) WILLIAM EDWARD DOVE	Lost 4. DATE Month Day OF DEATH JANUARY 23	Year 19 59
ed w	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	APRIL 8, 1877 81 yrs.	ours Min.
nd co	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PACKER, BUREAU OF PRINTING & ENC. 13. FATHER'S NAME	USTRY 11. BIRTHPLACE (State or foreign country) RAVING DISTRICT OF COLUMBIA U. S. 14. MOTHER'S MAIDEN NAME	A.
sicion rs offi	G EORGE WASHINGTON DOVE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	ANN ELIZABETH BIXLER	
deoth certi	[Yes, no, or unknown] (If yes, give wor or dates of service)	DNA S. DOVE, SYLVAN SHORES, MD.	AL BETWEEN
the de offer hen ple	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL OUT TO	THROMBOSKS 24	HOURS
requires that on. Signed by the sit permit. If and in any even	Conditions, if any, which gave rise to immediate cause (a), stating the under DUE TO	STEROSCHEROSIS UNK	noon
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	ED ARTERIOSCLEROSIS (MR.) IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WE PER 15. P	VAS AUTOPSY ERFORMED?
AN: TI anding iicate h the bur ar ren	206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port 1 or Part 11 of item 18.)	
PHYSIC lol ar at this cert r use as remotian	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) octory, street, office bldg., etc.)	(Stote)
R ATTENDING and by the hosping for the property of the propert	21. I certify that I attended the deceased from JUAY alive on 22 JW, 1957, and that deal ACTUAL SIGNATURE	h occurred of 3 HAM, from the causes and on the date s ADDRESS (Street, city or town, state) M.D. HAMMER OLIVE	
PITAL O ERAL DI should istrar pri	PHYSICIAN'S NAME (Type) EDWARD S. BECK	Cennapolis, med	
		TIONAL CEMETERY ARLINGTON COUNTY, MD.	(State)
VS A1S (4) 15M 9/55	23 WARM OREGOR'S PIGNATUREY, INC. ADDRESS LOYMOND CO. SILVER SPRING.	MD. DATEAN 2 6 159	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIEICATE OF DEATH

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		22	CERTIFIC	-~1	E OF DEAT			Reg. D	ist. No		
o. COUNTY ANTI-	Arundel		MARYLAND	2.	USUAL RESIDENCE (V	Where deceased	d lived. If instituti b. COUNTY	on: Reside	nce befo	re admis	sion)
b. CITY OR TOWN (IF	outside corporate limi grest town)	ts, write	c. LENGTH OF STAY IN THE		Baltimore	•	rote limits, write R	URAL and	give ne	prest low	n) /
d. NAME OF HOSPITA	AL (If not in hospital, o	ive street	address)		d. STREET ADDRESS unknown					ON A	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Richard	st	Middle Henry	I	udley	4. DATE OF DEATH	Mon 1	ith	17	у	Year 19 59
S. SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED] B. D	8/11/1882		9. AGE (In years last birthday) 76 yrs.	IF UNDE Months	R 1 YEAR	Hours	ER 24 HRS. Min.
On. USUAL OCCUPATION during most of works	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (SIO		ountry)		USA	F WHAT	COUNTRY
3. FATHER'S NAME	nknown			1	Armenta						
(Yes, no, or unknown) unknown	IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO. 17		rmant guerite 0.	Bawman	1028 Ars		Ave.	,Bal	timor
Conditions, if on gave rise to in couse (o), stoling the lying cause lost. Part II. OTH	he under-)	CONTRIBUTING TO DEATH B		I RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PAI	RT 1(a) 1	IP. WAS	AUTOPSY
20a. ACCIDENT WAS	CAUSE OF DEATH		cribe HOW INJURY OCCUR		ventricul						NO [
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. II While of wor	Not while	PLACE	OF INJURY (Home, fo , street, affice bldg., e	erm, 20f. (City	or town)	g	(County)		(Stote)
actual SIGNATURE	at I attended the	., 12_	59, and that dea	th ac		P.M. from	the causes of reet, city or town, al, Crowns	ind an i	the da	te state	
220. BURIAL CREMATION REMOVAL (Specify) Burial		F	22c. NAME OF CEMETERY				ion (City, town, c	or county)		(Stot	
23 FUNERAL DIRECTOR'S	SIGNATURE HEM 1/e	y	ADDRESS 5 78	Menter	10-0	C'D BY REGIST		TRAR'S SI		RE	

VS A15 (4) 15M 10/57

	CATE OF DEATH		
			Transmission Name
		G Hale	nga militar and Institution.
	ge Hell		AT JOLA
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Vesting along			
	file a timber at any fla	of a month	

		MARYI 10	_	STATE DEPARTM Homo # 3, 8 + 1 + CERTIFICA	See Birth C	EALTH—E ent. Balts EATH	City - 2	16/59-m	3. (1012	17
1,	PLACE OF DEATH	NE ARUNDE	4	MARYLAND	a. SIAIE	ENCE (Where de		COUNTY	Residence be		
	RURAL and give n	If outside carporate limi eorest town)		c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside	corporote lin				
	d. NAME OF HOSPI OR INSTITUTION ANNE ARV	TAL (If not in hospital, o		address)	d. STREET A		SANS			e. IS RES	IDENCE EARM?
	NAME OF DECEASED (Type or print)	Jo	SEPH	Middle	Loss	0	ATE OF EATH	Month JAN			Yeor 1959
5.	MALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH	47 -	lost		UNDER 1 YE.		ER 24 HRS. Min.
100	during most of wor	king life, even if refired	done 10b.	KIND OF BUSINESS OR INDU		CE (State or fore		AND	12. CITIZEN	OF WHAT	COUNTRY
13.	FATHER'S NAME	EASTEP	SR.		14. MOTHER'S	DIANNE	FI	a = N			
15. Ye		R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT ANNE ARU			Address		corp:	S
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (0), (b), and (c).] CARDIAC FAILU	IRE				0	NTERVAL BE	DEATH MAS
	Conditions, if a			PIRCULATURY C	COLLAPSE					12	hes
7	cause (o), stoting lying couse lost.	the under-	,		ECENPARY	TO GUESTIO		CUNGENII			2 days
FICATION				ONTRIBUTING TO DEATH BUT					IN PART 1(a)	PERFO	AUTOPSY ORMED?
CERT	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	ED. (Enter noture at	injury in Port I	or Part II af i	tem 18.)			
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yea	20d. IN While of work	Not while fa	LACE OF INJURY (Factory, street, office	lome, farm, 20f bldg., etc.)	. (City or tow	n)	(Count	(y)	(State)
		nat I attended the			/ //	,		, 19 59,1	hat I last	saw the	decease
	ACTUAL SIGNATURE	James 21	fuds	ma ()	M.D. RIVER	ADDRI	ESS (Street, ci	ty or town, sto		D	ed abave ATE SIGNE
	PHYSICIAN'S NAME (Type)	JAMES 1.	HUDS	ON, JR. MO	EO	EWATER	2 Mi	D .			
220	BURIAL, CREMATIC	DN, 276. DATE THEREC	959	22c. NAME OF CEMETERY C				ity, town, or o	county) A	Co. (Stat	o) MIL
23.	EUNERAL DIRECTOR	's SIGNATURE TY		ADDRESS		24a. REC'D BY R		24b. REGISTR	AR'S SIGNAT	TURE	

24a. REC'D BY REGISTRAR DATE JAN 1 6 '59

arthur S. Frank

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57 M

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

109 CERTIFICATE OF DEATH

00128
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY A	rundel		MARYLA	AND 2.	usual residence (w STATE Maryland	/here deceased	1 COLUMN		rundel	ission)
	(If outside corporate limits	, write c. LE	NGTH OF STAY IN		c. CITY OR TOWN (IF	outside corpo				wn)
Annapo				- 1/0	Annapolis					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	re street addres	s)	1	d. STREET ADDRESS					A FARM?
331 1st S					331 1st S	treet				KON [
3. NAME OF DECEASED (Type or print)	First MARGAR		Middle A F	RIEME	Lost	4. DATE OF DEATH	JANUARY		Day	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH				YEAR IF UN	DER 24 HRS.
Female	White	WIDOWEDTY	DIVORCED	D II	ne 12.1864	1	last birthday) 94. yrs.	Months [Days Hour	s Min.
	TON (Give kind of work do	2000		- 10 u			7-7	12. CITI	7FN OF WH	AT COUNTRY
during most of wo	orking life, even if retired)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
House w	ife	Own	home		Baltimor		yland	US	Α .	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
Frank K	eider				Barbara	(Unk	nown)			
15. WAS DECEASED EV	ER IN U. S. ARMED FORC		L SECURITY NO.	17. INFOI	MANT		Addr	ess		45
no. or unknown;	If yes, give war ar dates of ser	non	10	Mrs.	Gladys E.	Boutw	ell-Daugh	ter-	same a	s # 2
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DE.									
422.1 Conditions, if	422.1 DUE TO				unas		7.0128-1		20	m.
gave rise to cause (o), stating	g the under-							311		
PART II. O	THER SIGNIFICANT COND	ITIONS CONTR	IBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	ROb. DESCRIBE	HOW INJURY OCC	CURRED. (E	nter nature of injury in	Part I or Par	t II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While !	OCCURRED 2 Not while 1	factory,	OF INJURY (Home, for street, affice bldg., et	m, 20f. (City	or town)	(Co	ounty)	(State)
21. I certify	that I attended the	deceased fr	om	7	, 19.45, to	Ju-	14. 1959	thot I le	ast saw th	e deceosec
alive on	Jun 13	, 12 57,	, ond that d	death oc	curred ot gra	M, from	n the causes o			
ACTIVAL	1		,		-	1	reet, city or town,			DATE SIGNED
SIGNATURE	21/60	much	4	M.D.	arm	00 8	unell.	Bla	1	1/14/23
PHYSICIAN'S NAME (Type)	S. 73	ons	sull			Bu	nayo	eler i	ma	-
220. BURIAL, CREMATI REMOVAL (Specifi BUD-181	ON, 226. DATE THEREOF		NAME OF CEMET				TION (City, town, o	r county)	(SI	ole)
23. FUNDRAL DIRECTO		-	ADDRESS	Leme		O BY REGIST	polis Ma	TRAR'S SIG		
1	of Cold	Jan J	60	_				Khun S.		
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	nay be retained by the haspital ar attending physician.	FUNERAL DISCOR: After this certificate has been signed by the attending physician and campletely filled in by	large 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 mold be filled with	ne registrar prior to burial, cremation, or remaval, and in any event within 72 houry after death.
AL (stoin	110	pino	ar p
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	n		CERTIFIC	ATE	OF	DEA1	ŀ
	2.6						

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY 9 A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR HAVE A YOUNGE LIPENEYA	Cumberstone d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES ♥ NO □
3. NAME OF DECEASED (Type or print) LUUIS & BYOWN LTD)	Lost 4. DATE Month Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 72 yrs. 1 FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stole or foreign country) AA CO 100 12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME RICHALL TOUGUE	Birdie Harried
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 76. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give war or dates of service)	EN Suit 4 1618 Mdd150 Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 2520 DUE TO Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Lial fallier Listh fut- T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ICATIC	PERFORMED? YES NO ED. (Enter nature of injury in Part I or Part II of item 18.)
	D. (Eniet notice of injury in Fort) of Fort II of flem (b.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. Pl Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, affice bldg., etc.)
21. I certify that I attended the deceased from Jan. 21 alive on Jan 23, 1959, and that death ACTUAL SIGNATURE FULL HE WASH	h occurred at 2:20 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED A.D. Lottlean, M.J. 1-27.5
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Specify) Jan 27 / Pug Chews	OR CREMATORY 22d. LOCATION (City, Igwin, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	150 7 8 150

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VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 156

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	200			Reg. Dist. 140.			
	1. PLACE OF DEATH o. COUNTY A.A.	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Bacho	ed. If institution: Residence before admission) b. COUNTY			
	b. PITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest fown)			
)	d. NAME OF HOSPITAL (If not in hospitot, give street of OR INSTITUTION)		d. STREET ADDRESS 4-Bayship	e, is residence On a farm? YES \(\) NO \(\)			
	3. NAME OF DECEASED (Type or print) Garfon -	Edna	Mare 4. DATE OF DEATH	Honth B Day Yeor 1959			
	5. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH 9. 1 May 18 1902	ost birthdoy) Months Doys Hours Min.			
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ales	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
1	13. FATHER'S NAME Cleepy -		14. MOTHER'S MAIDEN NAME	exclers			
15. WAS DECEASED EVER IN U. S. ARMED KORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (III yes, give wor or dates of service) 212 36-575 Floral Superior Research							
	18. CAUSE OF DEATH [Enter only one couse per lip PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	e for (o), (b), and (c).]	3 Stomach	INTERVAL BETWEEN ONSET AND DEATH			
)	PANT II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II o	of item 18.)			
	Hour o.m. While	Not while of work	ACE OF INJURY (Home, form, 20f. (City or story, street, office bldg., etc.)	town) (County) (State)			
1	21. I certify that I attended the decease alive an 1/8/19, 19	ed from Nov 4		ne causes and an the date stated above. city or town, stote) DATE SIGNED Naple			
	PHYSICIAN'S NAME (Type)		Linkhices	- ma			
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	Patienal 22d. LOGATION	(City town, or county) My (Stote)			
	23. FUNERAL DIRECTOR'S SIGNATURE Ulling Turneral Herr	N- Ilem	olal Minatel N 1 2 '59	24b. REGISTRAR'S SIGNATURE Cuthun S. Kraugh			

17 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ES CERTIFICATE	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

111 CERTIFICATE OF DEATH

Reg. Dist. No.

									Keg. D	IST. NO.		
1. PLACE OF DEATH o. COUNTY Anne Arun	d el		. MARY	rLAND	o. SIAIE	yland	ere deceased	b. COUNT	tion: Reside		• odmissi	on)
b. CITY OR TOWN (If RURAL and give ned Annapolis	irest town)	ils, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			rote limits, write			est town)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital,				d. STREET	ADDRESS					, IS RESI	DENCE FARM?
Anne Arun	del Genera	al Ho	spi.tal		111	8 Acad	emy St	reet			YES	NO 🔀
3. NAME OF DECEASED (Type or print)		BABY	Middle ETRI		LHAUS	ost	4. DATE OF DEATH	15 7 7 2 3 7	uarv	Day		eor 959
5. SEX			RIED NEVER MARRI		DATE OF BIR	TH	100	9 AGE (In years	IF UNDE	-		
female	White	WIDOW	ED DIVORCE	o 🗆 J	anuary	15,19	59	last birthday) yrs	Months	Days	Hours —	Min.
10a. USUAL OCCUPATION during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUST	RY 11. BIRTHE	LACE (Stote	or foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY
none	,, a.a		non	е	Anı	napoli	s. Mar	vland	- 0	USA		
J. FATHER'S NAME					14. MOTHER			.,		0.01		
Frederia	k Elmer Ge	Then			A draw	- C.	4 - 5					
15. WAS DECEASED EVER				17 1616	ORMANT	es Gus	torson		dress			
(Yes, no. or unknown) (II	yes, give war ar dates of	ervice)	SOCIAL SECOKITI 140		OMMAN			Α0	uress			
				Hos	pital I	Record	S					
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	, 6	ne (m (o), (b), and (c)	rten	ne G	no	Kna				T AND	
Conditions, if on gove rise to im			Drewate	10 (Falm					1/4	Ry	
couse (a), stating the lying couse lost.			Prevat	wit	4							
PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OF RELATED TO	O THE TERMI	NAL DISEASE	CONDITION G	VEN IN PA	RT 1(o) 19	PERFO	RMED?
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter noture	of injury in P	ort I or Port	II of item 18.)				
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. It While of worl	NJURY OCCURRED Not while	20e. PLAC facto	E OF INJURY ry, street, offic	(Home, form, ce bldg., etc.	20f. (City	or town)		(County)		(State)
21. I certify tha	t Lattended the	decease	ed fram	1-15	10 59	ta	1	5-, 195	9 that 1	last say	u tha	dacama
alive on	1-157	. 19_5	7., and that	death o		J. F	M, fram		and an i		state	
SIGNATURE	CHI THE	the state of the s		М.	D				Jan	uary	15,	1959
PHYSICIAN'S NAME (Type) J	ames S. Ma	rtin	MD		Sh	naw_St	reet	Anna	polis	Mar	ylar	nd
220. BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, Iown,	or county)		(State)
Burial Specify)	1-16-59		Cedar Blut	ff Cer	neterv		Anna	polis.	Ma-7-			
23. FUNERAL DIRECTOR'S	SIGNATURE ALL VOME	26	ADDRESS	Marvl		240. REC'D	RY REGISTE	PAR 24b. REG	ISTRAR'S 61	GNATUR	1.	
2063	405 XV	10										

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	or or or after the	7	A

CERTIFICATE OF DEATH Reg. Dist. No. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If/outside corporate limits, write RURAL and give nearest town) RUKAL and give negrest town) POhi d. NAME OF HOSPITAL (Coot in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? DWRIG pu YES NO NAME OF Middle 4 DATE Month Year Day DECEASED Ce (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SE B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min. DIVORCED | WIDOWED D Ca yes. papers. 10a. USUALOCCUPATION (Give kind of work done 10b thind OF BUSINESS OR INDUSTRY 11. FIRTHPLACE (State or foreign county) during most of working life, even of retired) 12. CITIZEN OF WHAT GOUNTRY? eath. ouserve and carbon P after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1Z-INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ٦ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Ē. any Conditions, if ony, which gove rise to immediate per DUE TO cosse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. 21. I certify that I attended the deceased from 7, that I last saw the deceased alive on_ , and that death occurred at 20 M, from the causes and an the date stated above. 00 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE HEDRAC .rd P shaul 16613 NAME (Type) GG-LEK FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CENETERY OR CREMATORY TOCATION (Eity, town, or county) page 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. PEGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Orthur S. Firaux DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,

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The advante in entriplier asked				Name and Address of the Owner, and

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THE COUNTY OF THE PARTY OF THE

ADDRESS

24b. REGISTRAR'S SIGNATURE

athur & tall

24a. REC'D BY REGISTRAR

DATE FFR

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15M 9/55

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

				CAL THE STATE
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A LAKE ME				
		W. L.W. B	AU - M	
	Your a	1456		
				dia ministra di 1922
				No street

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FOR STATE HEALTH DEPT.

Page necessory, please Mealth, tor. r files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distanced to the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DISCLOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 and or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0.60						R	eg. Dist. No.	76
PLACE OF DEATH		157		2. USUAL RES	IDENCE (Where	e deceased lived	I. If institution:	Residence before	e admission)
a. COUNTY	.00		MARYLAN	O. STATE	MO		b. COUNTY	ARRE	
b. CITY OR TOWN (I	- 2/	rile RURAL C. LE	NGTH OF STAY IN 1	c. CITY OR		ide corporate I	0 11	AL and give near	rest fown)
	AL OR INSTITUTION	(If not in hospital, g	give street address)	d. STREET		10,000			ON A FARM?
3. NAME OF DOM DECEASED (Type or print)		WNE MUChall	ind Middle Is	90 g		DATE OF DEATH	Month	Day	Year 19 5 9
5. SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	2.11	9. AGE	oth day 1		UNDER 24 HRS.
/-	w	WIDOWED [DIVORCED	MAYIO	1916	4	2 yrs. "		
	ng life, even il retired) I dane 105. KIND O	IF BUSINESS OR INDE	JSIKY III, BIKIMPL		ecu Jer.		2. CITIZEN OF V	WHAT COUNTRY
13. FATHER'S NAME	7			14. MOTHER'S		ELW JOK.	341		
Rolph	SP	INO				2uatr	240		
15. WAS DECEASED EV	ER IN U. S. ARMED F	ORCES? 16. SOCIA	L SECURITY NO. 17	INFORMANT	ella e	00011	Address		
NO	(If yes, give war or dates	or rervice)	F	Berningt	on Lev	4. 1000	+ RIVE	P. MI	D
18. CAUSE OF DEA	TH (Enter only one c	ouse per line for (o).				1-1-0003		INTERVA	L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	o mulle	she In	Lunco					ALL LIND DEATH
825×	DUE TO		1						
Conditions, if o	ny, which)	(b)	//						
gave rise to imme	diote couse	-							
cause last.		(c)							
PART II. OT	HER SIGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL	DISEASE COND	DITION GIVEN I	-	WAS AUTOPSY PERFORMED?
20g. EXTERNAL CAI PRIMARY DAOP CO CAUSE OF DEATH.	USE WAS NTRIBUTING		ERLLE		jury in Part I o	Port II of Item	18.)		
20c. TIME OF INJU	1 . 1	Ca White		octory, street, office	bldg., etc.)	Of. (City or fow	1)	(County)	(State)
				19hWA	7			HHCO	MD
21. I certify the	hot I took charg	e of the remai	ins described al	pave, held any	Autopsy [, Inspect	ion [], li	nquiry .	and in my
opinion death	resulted from:	Natural cause	s [], Accident	Suicide	e 🔲, Han	nicide	Undetermi	ned manner	
ACTUAL C	James	Treesh		CHIEF M	NEDICAL EXAMI	NER 🗍			ATE SIGNED
EXAMINER'S NAME (Type)	E.L.N	hard	4.	ASSISTA	NT MEDICAL EXAM	KAMINER []		1./10	1.5
220. BURIAL, CREMATIC REMOVAL (Specify,			IAME OF CEMETERY OF	R EREMATORY	220	LOCATION (C	ify, town, or co	unly)	(State)
23. FUNERAL DIRECTOR		alisull'	DORESS		240. REC'D BY	REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
Bures H	arding		red		DOWN 2 6	'59	arthur	& traces -	

MARCHAR EXCAMINER'S CHRIPCATE OF DEATH THE PARTY DIES! THE PROPERTY OF STREET WEST, THE PARTY OF STREET

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FOR STATE HEALTH DEPT.

ALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral departor. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for It files. DEUNERAL DIALTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Booker of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH

470	Keg, Dist. No.
1. PLACE OF DEATH O. COUNTY A. A. CO . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MD b. COUNTY AMCO
b. CITY OR TOWN (If autitide corporate limits, write RURAL and give nearest Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
AURAL-	& Burgreen, West Renew
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF LESSETTA Antonete DOMENCH LICE (Type or print) A Setta 7	9 Lost 4. DATE Month Day Year OF DEATH / 15 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0. WIDOWED DIVORCED 7.	DATE OF BIRTH 9. AGE (In years left UNDER LYEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	DOMENICA M. SPINO Address
NO (If yes, give wor or eares of terrice) But	rrington truy west River, MD
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Inferral Between ONT ANDELLIN
825 X DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate couse (0), stating the underlying couse lost. DUE TO	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY H OF CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
200. EXTERNAL CAUSE WAS PRIMARY PLOY CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Part II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour p. m. 1.15 1959 While Not while tocto	hway AACO MD
21. 1 certify that I taok charge of the remains described above	
apinion death resulted fram: Natural causes . Accident	Suicide , Hamicide , Undetermined manner
SIGNATURE Churcharlet	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S E. LINDAR VI	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER OF THE PROPERTY OF THE
220. BURIAL, CREMATION, 22b. DATE THEREOF ST CHI PLOCKING	7-1-1
23. FUNERAL DIRECTOR'S SIGNATURE LINE LEVEL ADDRESS LEVEL	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DARRAN 2 6 '59 Carthury S. Kroma

HTARGEO STADISTINED PURMINANCE LADIGER annually majord of stated Electric Minister (Tarrestante and Allegaria)

FOR STATE DEPT

H	E.	A	LI	H	
issary, please	C'or. Page	r files.	of Health,		
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	3 to the funeral cy	may be retained for	with the State Book	urs ofter death.	
ofter death.	jes 1, 2, and	M3. Page 5 r	ges I and 2	within 72 hot	-
ithin 24 hours	8. Give Pog	with form PA	mit. File pag	in any event	-
e executed wi	ncil in Hem, I	Office alang	of-transit per	emoval, and	
cate should b	ad us buipu	Examiner's	ed as a buri	motion, or r	
R: This certific	the word pe	Chief Medica	should be us	to burial, cre	
L EXAMINE	ate, writing	ded to the	TOR: Page 3	igent, prior	
JTY MEDICA	e the certific	id be fo	ERAL DIRE	designated a	
SA TO DEPL	A execut	shou	NO LO	or its	
SN	1 2	15	7		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 112

1.	PLACE OF DEATH	777			(Where deceased live	d. If institution: Reside	ence before admission)
	AA	100	MARYLAND	o. STATE	MO	b. COUNTY A	400
	b. CITY OR TOWN (IF and give neorest town)	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carporale	limits, write RURAL and	give nearest town)
	ANNAPOL	115		EVERGY	-ecn - le.	est Liv	er
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	S		e. IS RESIDENCE ON A FARM?
1	FUNE AR	LUNDEL.		1			YES NO
3	NAME OF MAR		MEILA Middle IT UY	Last	4. DATE OF	Month	Day Year
	(Type or print)	MACISSH		909	DEATH	/ /	5 1959
5.	. SEX		RIED NEVER MARRIED 3.	DATE OF BIRTH	9. AG	E (In years IF UNDER Months	
	1-	WIDOW WIDOW		1247 195	5	yrs.	Days Haurs Min.
10	Da. USUAL OCCUPATION during most of working	ON (Give kind of wark dane 10b. g life, even if retired)	KIND OF BUSINESS OR INDUSTR				ZEN OF WHAT COUNTRY?
1				SPYING	Lake, N.J	•	
1	3. FATHER'S NAME						
11	Barringt	ON LTUY			CAM.	SPINO	
	5. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or doles of service)		FORMANT		Address	,
	NO		173 2	rnington	Livy W	est River	Md.
		TH [Enter only one cause per line	for (o). (b). ond (c).	1 11			INTERVAL BETWEEN ONSET AND DEALER
		IMMEDIATE CAUSE (0)	aslar freell	vec Skill	ce .		3.5 hrs.
	18 72 X	DUE TO					
	Canditions, if a						
	gave rise to immed (a), staling the u						
	cause last.) (c)					
3	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE CON	DITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
1	5	The state of the s					YES NO
MOUTH ATTION	20g. EXTERNAL CAU PRIMARY 14 or CON CAUSE OF DEATH.	SE WAS	BE HOW INJURY OCCURRED. (E)		Port I or Part II of item	18.)	
			. INJURY OCCURRED 20e. PLAC		2005 (City Ann		
MEDICAL	Hour p. m.	, C Whi	ile Not while factor	street, office bldg.	elc.)	n) (Cou	(Stote)
	21. I certify th	at I took charge of the	remains described above	e, held an Auto	psy , Inspec	tion], Inquir	y , and in my
	opinion death	resulted fram: Natural	causes , Accident], Suicide [],	Hamicide .	Undetermined n	nonner 🗌
	ACTUAL (8 km hours		CHIEF MEDICAL	EXAMINER [7]		DATE SIGNED
	SIGNATURE	2 Forquer.	. /	_M.U.	DICAL EXAMINER		/
	EXAMINER'S NAME (Type)	= LIUhARC	14.		AL EXAMINER		1.16/59
2	REMOVAL (Specify)	N. 226. DATE THEREOF	22c. NAME OF CEMETERY OR C	CREMATORY	Spring La	Ke, N. J.	(State)
	LEUNERAL DIRECTOR	S/SIGNATURE	ADDRESS	24a BE	C'D BY REGISTRAR	24b. REGISTRAR'S SIG	MATIER
	Berner H				AN 26 '59	Cithung & 1	

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The second second		manuscript of the second	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22b. DATE THEREOF

Varlos Jus

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Rea. Dist. No

Anne Arundel

Day

21

Days

U.S.

(Caunty)

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

Manths

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

(State)

Approx.

12. CITIZEN OF WHAT COUNTRY?

YES NO TY

Year

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	MARYLAND			HEALTH-B		
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	116	CERTIFICA	ATE OF DEATH	1		Reg. Dis		139
1, PLACE OF DEATH			2. USUAL RESIDENCE (Who o, STATE	nere deceased	lived. If institution	n: Residenc	e before od	lmission)
A	nne Arundel	MARYLAND	Maryl	and	D. CODIAIT	Anne	Aruno	iel
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpor	ote limits, write RI	JRAL and g	ive nearest	town)
Annapol		42 minutes	X Arnold					
d. NAME OF HOS	PITAL (If not in hospital, give stree	t address)	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
U.S. Nav			62 Beachw	ood Ro	ad			S ON D
3. NAME OF	First	Middle	Last	4. DATE	Mon	th	Day	Year
(Type or print)	DEBOR	RAH (N)	HARTLEY	OF DEATH	Janu	arv	12	19 59
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			INDER 24 HRS.
Female	Caucasian WIDOV		12 January	1959	last birthday)	Months	Days Ho	urs Min
15. WAS DECEASEDE Yes, no. or unknown)	PEATH [Enter only one cause per		Marylan 14. MOTHER'S MAIDEN N Charlotte NFORMANT U.S. NAVAL HO	Marie	Addr			L BETWEEN
Conditions, if	DUE TO	ANENCEPHALY					UNSET 4	2 minut
lying cause los		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
-4	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE						
20c. TIME OF INJ	URY Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, ; 20f. (City	or town)	(C	ounty)	(State)

factory, street, office bldg., etc.) While Not while 12 January 19

59 to 12 January, 1959, that I last saw the deceased 21. I certify that I attended the deceased fram, ____, and that death accurred at 7:00 P.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

M. KENNY LT MC USNR

U.S. Naval Hospital, Annapolis, Md. 1-13-59

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) NAVAL HEADENY CEMET.

24b. REGISTRAR'S SIGNATURE

(State)

24a. REC'D BY REGISTRAR arthur S. Krans

220. BURIAL, CREMATION, 22b. DATE THEREOF

TO FUNERAL DIP page 3 should TO HOSPITAL OR VS A15 (4) 15M 9/55

the registrar priar

PARTMENT OF HEALTH - BELTHIOSE, 18		
THICATE OF DEATH.	963 3 T	
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	THREE PROPERTY AND AND	

22c. NAME OF CEMETERY, OR CREMATORY

22doLOCATION (City, tawn, or sounty,

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

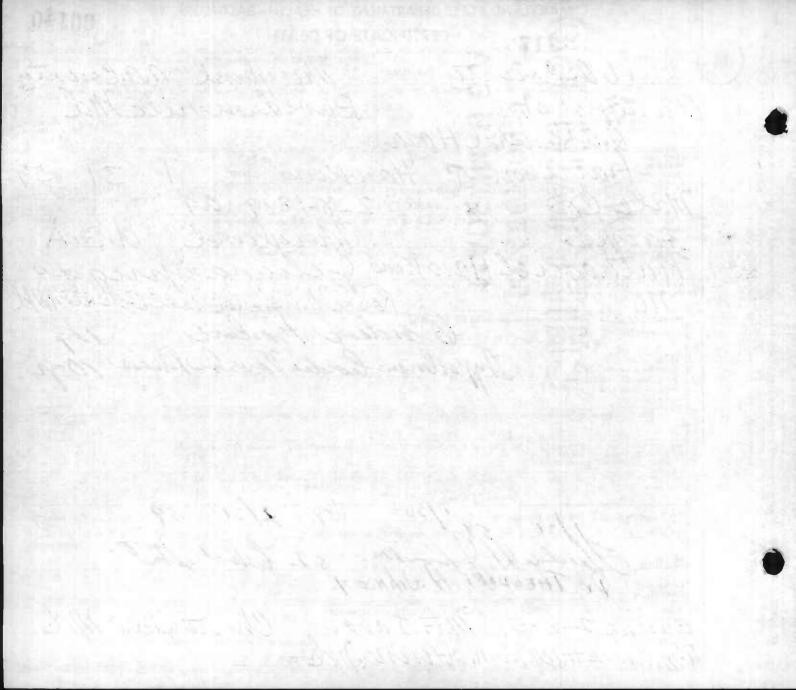
220. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ofter

VS A15 (4) 15M 9/58



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certificate should be executed within 24 haurs after death. If any delay is necessary please H rd 'pending' in pending them. Page 11, 2, and 3 to the funeral drawn. Page H Adelice Examiner's Office along with form PM3. Page 5 may be retained for it felts. You have as a burial-transit permit. File pages 1 and 2 with the State Boord of Health.	1 %	5
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certificate should be executed within 24 haurs after death. If any delay is necessary, please H red 'pending' in penal in Item 18. Give Pages 1, 2, and 3 to the funeral dyray. Page A Addical Examiner's Office adang with form PAD. Page 5 may be retained for Itiles. B be used as a burial-transit permit. File anones 1 and 2 with the State Boord of Health.	of, cremation, or removal, and in any event within 72 hours after death.	2
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena Few Minutes Padadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Fort Smallwood Road Spring Road, Rt. YES NO Box 186 3. NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) Michael .Tames Heal v DEATH 24 19 59 Jan. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS (ost birthday) Months Hours Days Male White WIDOWED [DIVORCED T June 21, 1900 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Welder USA Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Healy Margeret Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address [If yes, give war or dates of service] type no ar uningwn) no none Mrs. Mary E. Healy Same as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: Fractured Skull Sudden IMMEDIATE CAUSE (o) DUE TO Internal Injuries and Crushed Chest Conditions, if ony, which ! gave rise to immediate cause DUE TO (a), stating the underlying Compound Fractures left leg cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO X CERTIFF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part It of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Automobile Accident 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Doy, Year (County) (Stote) Jan. 24, 59 While of work of work foctory, street, office bldg., etc.) Pasadena, Street Md. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection X. Inquiry X and in my opinion deoth resulted from: Natural causes , Accident 🔀, Suicide , Homicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Gustave Faubert, M.D. DEPUTY MEDICAL EXAMINER January NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slole) REMOVAL (Specify) Jan. 27.1949 New Cathedral Burial Baltimore 23. FUNERAL DIRECTOR'S Strakley Chickley **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 2 Ciring & Krous Hopping & Kirkley Glen Burnie

Tribergo & Inger ten cash Cramated Lineau The second secon GENERAL WARRANT SALE THE REPORT OF THE REPORT OF THE PROPERTY OF TH The state of the s

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		16	CERTIF	ICAI	E OF DEA	MIH			Reg. Dist	No.	
o. COUNTY Anne	Arundel		MARYLA		usual RESIDENCE o. STATE aryland		ceased live	b. COUNTY	n: Residence		mission)
b. CITY OR TOWN (If RURAL and give no	autside carporate lim	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN	(If outside	carporate li	mits, write R	URAL ond gi	ve negrest t	awn)
Annapoli		1)	4 Years	A	nnapoli	sx					
	John R. H	150		Ca	d. STREET ADDRE	John	R.F	.D.1	Box	-20	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fi		Middle		Last	4. D.	ATE	Mon		Day	Year
(Type or print)	James			Hir		DI	EATH	yan	4	31	1959
5. SEX			ED NEVER MARRIED		ATE OF BIRTH		9. AC	E (In years t birthday)	Manths [YEAR IF U	NDER 24 HRS.
Male	White	WIDOWI		_ 1	ov. 18,	188	1 7	77 yrs.			
10a. USUAL OCCUPATIO during most of work	N (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State ar fore	ign country				HAT COUNTRY
Bartende	r				Youngs		, 0hi	.0	U	.S.A	•
13. FATHER'S NAME				1	. MOTHER'S MAID						
	ines				Katheri	ne M	cKay				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFO	RMANT			Addi	ess		
No				Ali	ce M. H	ines	(Wii	(e) SE	ame a	s ab	ove
18. CAUSE OF DEA	TH [Enter anly ane co	use per li	ne far (a), (b), and (c).]							INTERVAL	BETWEEN ND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	,	INANI	710	2					3	105
151X	DUE TO									- /	
Conditions, if on		CA	RCINGMA	OF	570m	MACH	MEI	ASTA	TIC	14 X	5
gave rise to in cause (a), stating t											
lying cause lost.	(c)									
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE T	ERMINAL DI	SEASE CON	IDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
20g. ACCIDENT WAYOR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of injur	y in Port I o	ır Part II af	item 18.)			
20c. TIME OF INJURY Haur o. m.	Manth, Day, Ye	20d. It While at wor	Nat while	0e. PLACE factory	OF INJURY (Hame, street, affice bldg.	form, 20f.	(City or to	wn)	(Ca	unty)	(State)
21 I cortify the	at Lattended the	deceas	ed from 27 -	IAN	1955 to	31.	lan	1055	that I la	et easy t	a dosoos
alive on	27 (00)	106			curred at 24						
dive on	1	77	d' Maria de	edili oc	torred diver			ity or town,		e dare si	DATE SIGNE
ACTUAL	Mark		Deck)	M.D.	4 four	the	te (Rus		1	31/59
PHYSICIAN'S NAME (Type)	dward S.	Beck		(Comes	bola	- 7x	d			
220. BURIAL, CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR CE	EMATORY //	22d. i	OCATION	City, tawn, a	ir county)	(State)
REMOVAL (Specify)	2/3/195	9	Calvary			Ye	oungs	town,	01	nio	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	LR	White.	REC'D BY R		100	TRAR'S SIGN		
nalleys	Frener	al Z	tomo	-22	DATE	FEB 3	'59	Clut	hun 8. 10	rand	

Inc

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DI OR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should. Jetached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 smoold be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs ofter death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

							mog. Bist.		
1. PLACE OF DEATH o. COUNTY Anne A un	ndel	TOR	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland		Talbot			
Crownsvil	lle	1	7y 3m 18d	McDaniel	f outside corporo	te limits, write RL	JRAL ond giv	e nearest tov	√n)
OR INSTITUTIO	PITAL (If not in hospitol, g		ress)	d. STREET ADDRESS Box 24				e. IS RE ON YES	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fic. M	elvin	Middle	Horsey	4. DATE OF DEATH	Mont	t	Doy 22	Yeor 19 59
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years lost birthdoy) 55 yrs.	Months D	YEAR IF UNE	
Labore	orking life, even if refired	done 10b. KIN	D OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Sto		nlry)		S.A.	T COUNTRY
No. FATHER'S NAME	ah Horsey			14. MOTHER'S MAIDEN	Carvin		45.1		
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. SOC		INFORMANT Ospital Reco	rds	Addre	255		
PART 1. D 450.0 Conditions, if gove rise to couse (o), stotin	immediate DUE TO	De	Uvem ja hydration	A				INTERVAL B ONSET AN	ETWEEN D DEATH
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	OTHER SIGNIFICANT CONI	20b. DESCRIB	generalize	NOT RELATED TO THE TERM	rebra		EN IN PART I	PERF	AUTOPSY ORMED?
20c. TIME OF INJU	10	While of work	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City or	r town)	(Cou	inty)	(Stote)
alive an	than I attended the 1/1/22 11 11 11 11 11 11 11 11 11 11 11 11 1	A Elic	9, and that death	. 19 10	e State	the causes are to city or town, s Hospital	l,Md.	date stat	deceased de deceas
	HON, 226 DATE THEREO	1	C. NAME OF CEMETERY C	R CREMATORY	22d. LOCATIO	ON (City, town, or	county)	X es (Sto	te)
23. EUNERAL DIRECTO	OR'S SIGNATURE	ersh	ADDRESS Sur	charle DATES	N 2 7 '59		TRAR'S SIGN		

be filed with death: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the haspital or attending physician.

TO FUNERAL DIR R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be established for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 show the registrar prior to burial, cremation, or remayal, and in any event within 72 hayes after death.

VS A15 (4) 15M 10/57

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TO DEPUTY MEDICAL EXAMINER: This certificate shou		131	TO FUNERAL DAY CTOR: Page 3 should be used as a	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL REMOENCE (Where depensed lived. In institution: Residence before admission) o. COUNTY o. STATE COUNTY MARYLAND CITY OR TOWN C. LENGTH OF STAY IN 16 c. Styr OR TOWN (If guiside corporate limits, write RMRAL and give nearest Jown) OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE Doy Year DECEASED OF DEATH (Type or print) 5. SEX 9. AGE |In years 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 148 Months Days Hours Min. WIDOWED DIVORCED T 10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND-OF BUSINESS OR INDUSTRY 11-BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED SORCES? 16. SOCIAL SECURITY NO. 1730NFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 32 hRS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO DE 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while of work ... No world Street 1950 10:15 pm. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection . Inquiry . and in my apinian death resulted fram. Accident X. Suicide | Homicide | Natural causes | Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1.10. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d-LOCATION (City, town, or county) **BEMOVAL** [Specify] FUNERAL DIRECTOR'S SIGNATUR 240. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE arthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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119	Reg. Dist. No.
1. PLACE OF DEATH (A A A A A A A A A A A A A A A A A A	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
M CHECKING MARYLAND	o. STATE Marylands. COUNTY ! a. Count
b CITY OR TOWN (If outside corporate limits, write YURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest Jown)
Innapous III.	x Harwood II anyland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Will General Hospilar	YES NO 💆
3. NAME OF DECEASED Middle	Lost 4. DATE Month Day Year
(Type or print) Level Lune Lune t	1000 and DEATH 22 1959
	B. DATE OF BIRTH 9. AGE IIn yours String S
Siemale Col WIDOWED DIVORCED	5-26-1906 DZm.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIDLESS OR INDUS	TRY 11. BIRTHPLACE IStole or foreign country
13. FATHER'S NAME	ma Masungron Dic AVISIA.
Ballon International	14. MOTHER'S MAIDEN NAME
15/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANY Address
(If yes, give war ar dates of service)	and of Mark Harres M
18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c).	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSEY AND DEATH
MMEDIATE CAUSE (0)	Almered hope Julia
Conditions, If ony, which) (b)	
gove rise ta immediate couse	
(c), stating the underlying DULIO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
8	PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. EXTERNAL CAUSE WAS 20g. EXTERNAL CAUSE WAS CAUSE OF OFATH.	Enter noture of injury in Part I or Part II of item 18.)
字 4	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
Hour o. m. p. m. 19 While Not while of work	iory, sheet, office blogs, etc.)
21. I certify that I took charge of the remains described about	ove, held an Autapsy 🔲, Inspection 🔲, Inquiry 🗍, and in my
opinion death resulted frame. Natural causes Accident	, Suicide, Hamicide, Undetermined manner
SIGNATURE Thu hack	M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S /-/	ASSISTANT MEDICAL EXAMINER
NAME (Type) = LINH ARX	DEPUTY MEDICAL EXAMINER 1. 12. 17
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 220 LOCATION (City town, or country)
Burial 1-25-59 Union	maper ravids on ville 1110
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
WM Need ett. 10 x washer 11/11	MC. MV DATE HAN 2 6 159 Carthur & Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be for a the Chief Medical Examiner's Office along with form PM3. Page 6 may be retained 1. TO FUNERAL D. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, ar removal, and in any ferent within 72 hours after death. VS. ATSME 5M 2/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician.	TO FUNERAL DISTRICT After this certificate has been signed by the attending physician and completely filled in by inneral director,	pla	the registrar prior to burial, cremotian, or removal, and in any event within 72 fours after death.
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VS A15 (4) 15M 9/5S

1	1	C9 ·	CERTIFICA	ATE OF DEAT	П		Reg. D	ist. No		
1. PLACE OF DEATH		.00		2. USUAL RESIDENCE (W	/here deceased		anı Reside	nce befo	are admiss	iian)
Ann	e Arundel		MARYLAND	Md	•	b. COUNTY	A	A		
RURAL and give	(If autside carporate limits, nearest tawn) Burnie	write c. LET	NGTH OF STAY IN 15	c. CITY OR TOWN (IF		ote limits, write R	URAL and	give ne	arest town	n)
	PITAL (If not in haspital, give	e street address	1	d. STREET ADDRESS	rnie,				IC DEC	I DENICE
OR INSTITUTION	Marie Ave		7	205 Mar	ie Av	e.				FARM?
. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mon	th	Do	у	Year
(Type or print)	Oli		Doe	Howe	DEATH	Jan		3	0	19 59
S. SEX	6. COLOR OR RACE 7	MARRIED [NEVER MARRIED	8. DATE OF BIRTH	1	P. AGE (In years lost birthdoy)			IF UNDE	7
Female	White	VIDOWED	DIVORCED [Dec. 12, 187	0	88 yrs.	Months	Days	Hours	Min.
On USUAL OCCUPATION MOST OF W	TION (Give kind of work do orking life, even if retired)	ne 10b. KIND (OF BUSINESS OR INDU	TRY 11. BIRTHPLACE (State	ar foreign car	untry)	12. CI	TIZEN C	F WHAT	COUNTR
Housewi	.fe	0	wn Home	Baltim	ore. N	ſā.		USA		
3. FATHER'S NAME				14 MOTHER'S MAIDEN	-			VEL	-	
Thom	as Martin (Green		?		Hooper				
5. WAS DECEASED E	VER IN U. S. ARMED FORCE		SECURITY NO. 17. I	FORMANT		Adde	ess			
no	(If yet dive you or dollar of servi	***	**** Mr	s Wilbur S	tevens	on, sam	9 00	2		
18. CAUSE OF D	EATH [Enter only one cause	e per line for (0010112	OII , DOM	<u> </u>		ERVAL BE	TWEEN
	EATH WAS CAUSED BY CHE		Arterioscle	rosis				ONS	SET AND	DEATH
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Canditions, if	immediate (D)_									
cause (a), slatin	g the under-									
lying cause las	- (0)-									
PART II. C	THER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY RMED? NO 🛐
20a. ACCIDENT	VAS UNDERLYING 1 20	b. DESCRIBE H	OW INJURY OCCURRE). (Enter nature of injury in	Part I or Part	Il of item 18.)				
	FY MEDICAL EXAMINER)									
20c. TIME OF INJU		20d. INJURY	OCCURRED 20e. PL	CE OF INJURY (Home, for	m, 20f. (City o	or town)		(County)		(State)
Haur a. m	10		at while too	tary, street, office bldg., etc	c.)					
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	that I attended the d									
alive an_ 15	muary jour.	, 12 29	_, and that death	accurred at 7.15				he da		
ACTUAL (1, 1- W	n	. Ans		ADDRESS (Stre	el, city or town,	state)		DA	ATE SIGN
SIGNATURE	curted of	- auch	ervive	á.o. Glen Ru	rnie ,	1d.		1/	31/5	9
PHYSICIAN'S NAME (Type)	G. H. Faube	ert, M	.D.	5 lst A	ve SE,	Glen 1	Burn	ie,	Md.	
20. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. 1	NAME OF CEMETERY OF			ON (City, tawn, a			(State	e)
Burial Specif	2/2/59	S	t. Stepha	ng				A (7		200
3. FUNERAL DIRECTO	IR'S SIGNATURE		DDRESS		D BY REGISTR	ergy 17		GNATU	RE	Md.
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral of the order of the should be fully as a should be fully pleased to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIA, TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to berial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 2/57 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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o. COL		10.	4	44 4 5 44		o. STATE		here decease	ed lived. If institut		nce bef	ore admi	ssion)
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	ssuns			6 days		XXXX	XXXX	X Mai	rs Hill	5	X-	2	
d. NAA	ME OF HOSPITAL OF	INSTITUTION (II	not in ho	spital, give street address)	d. STREET A	DDRESS						SIDENCE A FARM?
	way Manor					Gi.	lman S	St.] NO [3
3. NAME DECEA (Type of	SED	First		we Hunter		lost		4. DATE OF DEATH	Month Janua		Doy		ear 959
5. SEX				ED NEVER MARRIED	TIR D	ATE OF BIRTH			9. AGE (In years	IF UNDER	-		
	F	U	WIDOWE			8/18/0	6		52 yrs.		Doys	Hours	Min.
10a. USU	AL OCCUPATION (Gi	ive kind of work d	one 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	CE (Stote	or fareign co	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
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-	ER'S NAME				1	4. MOTHER'S					1		
-	George Cal	hath					Fall						
	the same of the sa		CES2 11	SOCIAL SECURITY NO.	17 1045	ORMANT	i Chilede		A 2.7		-		
Yes, no, or		give war or dates of s		SOCIAL SECURITI NO.			. (1	-2	Address				
		No			Mr.	Hunte	r (Hu	sband)					
18. C.	PART I. DEATH WA	S CAUSED BY:		for (o), (b), and (c).] ccidental Dr	onum i	no					ONSE	TAND DEA	ATH
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Z	PART II. OTHER SIG	GNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 15		
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ZOO. PRIM. CAUS	EXTERNAL CAUSE W	AS 20t	DESCRIE	BE HOW INJURY OCCUR	RED. (Ente	er nature of ini	ury in Port	Lor Part II o	of item 18)				,,,,
PRIM	ARY TO OF CONTRIBL	ITING 🗆								+h+++h			
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20c.	Hour a.m.	Month, Day, Year	While	Not while	e. PLACE factory	of INJURY (F	lome, form, bldg., etc.)	20f. (City	or town)	(Cou	nty)		(State)
Z 3	.30 p.m. 1/	19/59 19		ork at work	arkwa	ly liano	r Mote	Jes	ssups,	A.A.		M	d.
21.	I certify that I	took charge	of the	remoins described	obove	, held on	Autopsy	/ [], In	spection 4,	Inquir	y [7],	an	d in my
opir	nion death resul	Ited fram: N	latural	causes , Accid	ent 🖾	, Suicide	ПЬ	lamicide	☐ Undeter	mined m	anne.		
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	ME (Type) Gusta	ave H. Fa	auber	t,M.D.		DEPUTY	MEDICAL E	XAMINER [1/19/	59			
	IAL, CREMATION, 2	b. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CE	REMATORY	I	22d. LOCAT	ION (City, town, o	r county)		(State)
	OVAL (Specify)	to 1/20	159	Pierce C	eme t		100	Ma	rs Hill	, Ma	inc		
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DATE

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE h COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Laure 10 mo Washington, D.C. d. NAME OF HOSPITAL (If not in hospital, give street address) School OR INSTITUTION DISTRICT Training School d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Children's Center 3620 N Street N.W. YES NO IX 3. NAME OF 4. DATE Middle Year DECEASED DEATH (Type or print) Lester Johnson 1959 January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys Hours Min. WIDOWED | DIVORCED [male colored Jan. 21. 1941 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Washington, D.C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lester Johnson Corrine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address District Training School (If yes, give war or dates of service) Children's Center, Laurel, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDIT NOT RELATED TO THE ERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO CERTIFI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of ite 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Not while While of work of work p. m 21. I certify that I attended the deceased from 3/9/45 and that death accurred at 8:00 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL District Training School Children's Center PHYSICIAN'S Margaret W. Mola. M.D. Laurel. Md. NAME (Type) 220. BURIAL, GERMANON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Jan. 23, 1959 District Training School Laurel, Maryland Training School 240. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Chilbury S. Mraus

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22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION 22b. DATE THEREOF

24b. REGISTRAR'S SIGNATURE Thank

22d LOCATION &City, tawn, or countril

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RURAL and give ne	Klyn		IGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limits,	write RURAL on	d give nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not In hospital, g	Rivered	01	d. STREET ADDRESS	Riverside	Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MAR	Y	Middle E,	KANE	4. DATE OF DEATH	Month /	30 Year 30 1959
5. SEX	6. COLOR OR RACE	WIDOWED [DIVORCED [8. DATE OF BIRTH MAY 17, /8	9. AGE (III	thelay) Months	ER 1 YEAR IF UNDER 24 HRS.
A Tha	N (Give kind of working life, even if retired	done 10b. KIND O	of Business OR INDU		ylvania	12. 0	ITIZEN OF WHAT COUNTR
13. FATHER'S NAME	e Kano			14. MOTHER'S MAIDEN	NAME		
NU	If yes, give war or dates of s	ervice)	- 1	-Amily	5	Address	
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	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURRE). (Enter noture of injury in	Part I or Part II of item	18.)	
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes		ot while for	ACE OF INJURY (Home, forn story, street, office bldg., etc	20f. (City or town)		(County) (State)
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PHYSICIAN'S NAME (Type)	2 9 GV	RIMAL	Di MD	100 A 600 U	Trucal	25 1	My 1-51-73
220. BURIAL, CREMATION REMOVAL (Specify)	2-4-5		Mt. Colva		22d. LOCATION (City.	Λ	(Store)
23. FUNERAL DIRECTOR'S	-	1	DORESS L+	1.	D BY REGISTRAR 24b	REGISTRAR'S S	IGNATURE .

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(V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
My	167 CERTIFICATE OF DEATH Rog. Dist. No.
	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND D. COUNTY A. A. C.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) **EXAMPLE FOR TOWN (If outside corporate limits, write RURAL and give nearest town) **EXAMPLE FOR TOWN (If outside corporate limits, write RURAL and give nearest town) **EXAMPLE FOR TOWN (If outside corporate limits, write RURAL and give nearest town)
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR IDISTITUTION OR A FARM? SANN SNURSING HOME 507 FIRST AVE. S. W. YES NO
	3. NAME OF DECEASED (Type or print) WEBSTER C. KEITHLEY DEATH JANUARY 12 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
d death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT WITH COUNT WORK AND
urs offer	13. FATHER'S MATTER NAME 10 HN KEITHLEY 14. MOTHER'S MATTER NAME REBECCA FAIRBANKS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
n 72 ho	(Tex. no. or unknown) III yes, give of dots of service) Lendsword MARY WILLIAMS MILLERSVILLE,
ent withi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH STREET DUE TO
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nation,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or lown) (Coonty) (Stot foctory, street, office bldg., etc.)
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hould fror prio	PHYSICIANI JOSEPH LIPSISELY 3 ODENTON, M.P.
oge 3 s	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1-15-59 Balta Emelory Balturere nul

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		La specific	

Glen Burnie, Md

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

10 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Hopping and Kirkley, Glen Burnie, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	OR INSTITUTION	ON A FARM?
3.	DECEASED	OF 12 1
5.	- manufacture of the state of t	CEDT (lost birthdoy) Months Days Hours Min.
100	during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) MARYLAND 12.CITIZEN OF WHAT COUNTRY? Z. S. A.
13.		C. 0
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. Social se	Tary & Williams, Millewille, Md
	PART I. DEATH WAS CAUSED BY: 352 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-	er merimoning ONSET AND DEATH
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU LEVEL OF CONTRIBUTING TO DEATH BU 200, ACCIDENT WAS LINDSHIP OF LINE OF COURSE	elval Infarct. PERFORMED YES NO.
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDIC	10	octory, street, office bidg., etc.)
	ACTURE SIGNATURE	ADDRESS (Street, city of lown, stote) DATE SIGNED
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23.	FUNERAL DIRECTORY SIGNATURE SCUES COSTOS SOME POR SIGNATURE SCUES SOME POR SIGNATURE SCUES SOME POR SIGNATURE SCUES SOME SIGNATUR	Lis Med 240. REC'D BY REGISTRAR JAB. REGISTRAR'S SIGNATURE 145. REGISTRAR'S SIGNATURE 159 159 150 150 150 150 150 150

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To FUNE L DIR DR: After this certificate has been signed by the attending physician and completely filled in by the heard director, page 3 shauld be detached far use as the burial-transit permit. Then please Tempore corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/5B

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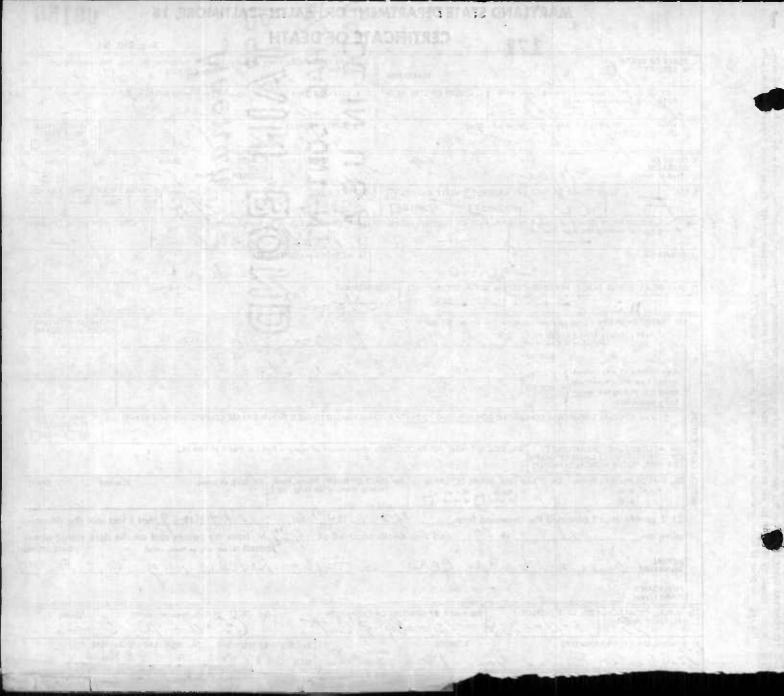
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

				Keg, Dist, P	40,
1, PLACE OF DEATH A. A.	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If insti		efare admission)
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or Institution Author in hospital, give street address)	L.	d. STREET ADDRESS	em Ro	1.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mary	Middle	Musch	4. DATE OF DEATH	Month 9	Doy Yeor 19 5 9
6. COLOR OR RACE 7. MARRIED N	DIVORCED [8. Date of BIRTH Mar. 4, 18	9. AGE (In yes last birthdo		AR IF UNDER 24 HRS. ys Haurs Min.
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13. FATHER'S NAME	an	14. MOTHER'S MAIDEN N	That me	wn	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no. or unknown) (If yes, give wor or dates of service)	SECURITY NO. 17. II	Hamily	- 3	address	9
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause lost. DUE TO Conditions if any, which gave rise to immediate (b) DUE TO Course Cours	spread	rutas	lasio		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION	GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	W INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II af item 18.)		
		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)		(Count	ty) (State)
21. I certify that I attended the deceased from alive an	n // 7 , and that death		M, fram the cause ADORESS (Street, city or to Reschile A	s and on the c	saw the deceased date stated abave. DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (STEEN) 226. DATE THEREOF 22C. NA	AME OF CEMETERY OF	R CREMATORY Plat	22d. LOCATION (City, tow	n. ar caunty)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADI	DRESS	240. REC'D		Sofstran's SIGNAT	,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 172 CERTIFICATE OF DEATH

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Rea. Dist. No.

13. FATHER'S NAME 14. MODHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ABMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANY. ACADISE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate couse per line for (b) but TO Lying couse fost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DECONTRIBUTING CAUSE OF DEATH [IF ETHER, NOTHER MODICAL EXAMINER] 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 207. THE OF INJURY Month, Day, Year 206. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 208. THE OF INJURY Month, Day, Year 206. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 209. THE OF INJURY Month, Day, Year 206. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 210. I certify that I attended the deceased from 19. Injury occurred at 19. Injury								
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20c. TIM	lur a. m.	While	Not while_	PLACE OF INJURY (F factory, street, office	tome, form, 20f. (City bldg., etc.)	or tawn)	(County)	(Stote)
alive (an	tended the decea	ru		A. M. fram	the causes	and on the dat	te stated above
NAME (Туре)	HEUDORE	H- VahNSC	37	02	M	apoles	the
REMON	AL (Specify)	et-11959	Int Cals	ary	Ar	nold		Smol
23. FUNERAL	mily	Johnson	Amapo	is mol	DATEEB 3 '59		but S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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	COUNTY FRUIDE MARY CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown) LIFE NAME OF HOSPITAL (If not in hospital, give street oddress) CR INSTITUTION A GENERAL HOSPITAL (IF not in hospital, give street oddress) CR INSTITUTION A GENERAL HOSPITAL (IF not in hospital, give street oddress) AME OF ECEASED Robert First Middle CECASED Robert Robert Middle CECASED Robert Robert	CERTIFICA	TIE OF BEATTI	Reg. Dist	eg. Dist. No.		
	O. COUNTY TUNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE ARYAR	ed lived. If institution: Residence b. COUNTY Nave	e before radmission) E. HRUNDEL		
1	RURAL and give nearest lown)	LENGTH OF STAY IN 16	XPINES ON THE	SELERN	ve nearest town)		
	OR INSTITUTION	Hospt.	R.F.D#2 Av.	vapo Lis	e. IS RESIDENCE ON A FARM? YES NO A		
	3. NAME OF DECEASED (Type or print) ROBERT	S. MEIKL	LESO HN SP. 4. DATE OF DEATH	1	Day Yeor 2 1959		
	M WIDOWED	DIVORCED	9-28-1902	lost birthday) Months [Days Hours Min.		
	ENGINE MAN Pour	1 - 121 - 1	MARYLAND	country) 12. CITI2	ZEN OF WHAT COUNTRY		
1	13. FATHER'S NAME WILLIAM MEIKLET	oHN	EHMA - TACO	BS			
1	(Yes, no or ynknown) [If yes, give wor or dates of service]	CIAL SECURITY NO. 17 IN	BERT S. MEIKLE	FJOHN Address	4 2_		
	PART 1. DEATH WAS CAUSED BY:	for (0), (b), and (c).]	Thereboxis		ONSET AND DEATH		
	Conditions, if ony, which) (b) Ora	any cutry	relimonis		10 yes.		
	couse (a), stoting the under- lying couse last.	/			1		
	ZYZ				1(o) 19. WAS AUTOPSY PERFORMED? YES NO P		
		BE HOW INJURY OCCURRED	. (Enter nature of injury in Port I or Pa	rt II of item 18.)			
	Hour o.m. While	_ Nat while foct	CE OF INJURY (Hame, form. 20f. (Ci ory, street, office bldg., etc.)	ly or town) (Ce	ounty) (State)		
	21. I certify that I attended the deceased alive an 1957	fram. + 4	accurred at 4 15 M, from	2, 1959, that I lo	ast saw the decease e date stated above		
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	varN		Street, city or town, state)	DATE SIGNE		
	PHYSICIAN'S NAME (Type)		Cenn	coolis, Ma	1.		
	JUBYAC (Specify) 1-6-1959	2c. NAME OF CEMETERY OR	CREMATORY 22d. 10C	ATION (City, town, or county) EN BURNIE	(Stoje)		
1	FTM M. Tay for & Sons On	mapolis, 7.	DATE JAN 6	55 Conting &			

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Carlo Service			

Anne Arundel COUNTY Anne Arundel COUNTY OR TOWN (if outside corporate limits, write RURAL and give necrest fown) Crownstille ANAME OF HOSPITAL (if not in hospital, give street on Crownsville State Hospital) NAME OF HOSPITAL (if not in hospital, give street on Crownsville State Hospital) NAME OF HOSPITAL (if not in hospital, give street on Crownsville State Hospital) NAME OF HOSPITAL (if not in hospital, give street on Crownsville State Hospital) Walled Hospital OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer FATHER'S NAME UNKNOWN WAS DECEASED EVER IN U. S. ARMED FORCES? 146 SOC	CERTIFICATE OF DEATH				Reg. Dist. No.		
n. Place of DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		lived. If institution b. COUNTY Kent		before od	mission)
	c. LENGTH OF STAY IN 16 46yr.9mo.10da	c. CITY OR TOWN (IF Chesterto		te limits, write RI	URAL ond gi	ve nearest	10wn) 7, 2_
d. NAME OF HOSPITAL (If not in hospital, give street of Crownsville State Hospit	oddress) Cal	d. STREET ADDRESS				e. IS O YES	RESIDENCE N A FARM? NO []
DECEASED (Type or print) Willie	Middle	Morton	4. DATE OF DEATH	Man 1	th	Day 28	Yeor 19 59
Mare		B. DATE OF BIRTH	9	AGE (In years lost birthdoy) 91 yrs.		YEAR IF U	NDER 24 HRS.
	KIND OF BUSINESS OR INDU			intry)	12. CITI2	U.S.	HAT COUNTRY
is, father's name Unknown		14. MOTHER'S MAIDEN Unknow					
		nformant Hospital Reco	rds	Adde	ress		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) / 4 / , 9 DUE TO Conditions, if ony, which gove rise to immediate DUS TO	Bronchopneumo Aspiration of Cancer of tor	f food partic	les				L BETWEEN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI		NOT RELATED TO THE TERM			EN IN PART	PE	AS AUTOPSY RFORMED?
	Mot while for	ACE OF INJURY (Home, fare large, street, office bldg., et		or town)	(Cc	ounty)	(Stote)
21. I certify that offended the decease alive on 128 19 5 ACTUAL SIGNATURE PHYSICIAN'S Lionel McHenry	59 and that death	occurred at 12:25 M.D. Crownsvi Crownsvi	PM, from ADDRESS (Street)	ate Hosp	ind on the stote)	e date s	
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial	22c. NAME OF CEMETERY O		22d. LOCATIO	DN (City, town, c	or county)	(State)
23- FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC	D BY REGISTRA	AR 24b. REGIS	STRAR'S SIGN	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT.

R: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be catached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be catached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be catached far use as the burial, and in any event within 72 pages after death. VS A15 (4) 15M 10/57

erol director,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

123 **CERTIFICATE OF DEATH**

Reg.	Dist	No
uaH.	wint.	DAG.

		4400 4 37					
1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL B. CITY OR TOWN (If outside corporate limits, write and orders) B. CITY OR TOWN (If outside corporate limits, write and orders) B. CITY OR TOWN (If outside corporate limits, write and orders) ANNE OR OR INSTITUTION ANNE OF MOSTITUTION ANNE OF MOSTITUTION ANNE OR DECEASE S. SEX G. COLOR OR RACE T. MARRIED MYERS B. DATE OF BIRTH OCCUPATION (Give kind of work done) B. DWIN B. DATE OF BIRTH OCCUPATION (Give kind of work done) B. DWIN OCCUPATION (Give kind of work done) B. DATE OF BIRTH OCCUPATION (Give kind of work done) B. DATE OF BIRTH OCCUPATION (Give kind of work done) B. DATE OF BIRTH OCCUPATION (Give kind of work done) B. DATE OCCUPATION (Give kind of work done) B. DATE OF BIRTH OCCUPATION (GIVE kind of work done) B. DATE OF BIRTH OCCUPATION (Give kind o							
	RURAL ond give ne	outside corporate limits, writarest town)	c. LENGTH OF STAY IN 16			RURAL ond give ne	eorest town)
	OR INSTITUTION			d. STREET ADDRESS			ON A FARM?
	DECEASED	EDWIN	MYERS	Lost	OF		. Ma
S. 5					lost birthdoy)	Months Doys	
10o	during most of work	ing life, even if retired)		JSTRY 11. BIRTHPLACE (Stole			OF WHAT COUNTRY?
13.	FATHER'S NAME						
	Thomas My	ers		Rose Alvey	r WKXXX		
15.	WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			Iress	
{Yes			ean None M	iss Geretrude	Myers- Daught	er- same	as # 2
	420, 1 Conditions, if or gove rise to ir couse (o), stoting (DUE TO Ty, which neediote he under-	oronary orlinor	occlusion of	CUA	ON C	7 tyz
CATION	PART II. OTH		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a)	PERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 20b. I CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	WI		LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
	21. I certify the alive an	at I attended the dece	(e/	h accurred at 2/	M, fram the causes of ADDRESS (Street, city or town,	and an the do	
	PHYSICIAN'S NAME (Type)	Frank Shiple	y M.D.	Annapoli	s, Maryland		
	BURIAL, CREMATION	1-28-1959	St. Mary s		22d. LOCATION (City, town, Annapolis, Ma		(Stote)
23	opping F	Signature -	Annapolis, Md.	24a. REC'I	D BY REGISTRAR 24b. REGI	STRAR'S SIGNATU	JRE

eral director, be-filed with TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be defached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shoult he registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 10,11,12,13,14,15 FilmG23a 1-23-59 et

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			174	CEKI	IFICA	AIE OF DEAT			Reg. Di	st. No.		
	PLACE OF DEATH		110	MAR	YLAND	2. USUAL RESIDENCE (W	here deceased	b. COUNTY		ce before	admissi	on)
		outside corporote limi	ls, write	c. LENGTH OF STA	Y IN 1b	Maryland c. CITY OR TOWN (IF	outside corpo		JRAL ond	give near	est town) /
_	Crownsy- d. NAME OF HOSPIT. OR INSTITUTION	AL (If nor in hospital, g	and	11mos. 24	days	Princess d. STREET ADDRESS	Anne	19	x-2		. IS RESI	DENCE FARM?
		le State H	ospi	tal								NO 🗍
3.	NAME OF DECEASED (Type or print)		arle			last Niskey	4. DATE OF DEATH	Mon Janua		Doy		reor 19 59
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARK	RIED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	1 YEAR I	Hours	R 24 HRS. Min.
	Male	Negro	WIDOW		Coppet	1874		85 yrs.		207.	710015	77117.
100	during most of work	ing life, even if retired	one 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote Somerset	and the second			S.A.		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		Charles	Nis	key, Sr.		Re	becca	Hayman				
		IN U. S. ARMED FOR	CES? 16.		O. 17. II	NFORMANT		Addr	ess			
ĮΥα	No No	(If yes, give war or dates of s	ervice)		I	Hospital Reco	rds					
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c	1.]		135-115			INTER	T AND	TWEEN
	PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	Ce	rebro Vaso	cular	Accident				0,130		DEATH
	026X	DUE TO										
	Conditions, if or	ny, which) (b	Ca	rdiovascu	lar S	vohilis						
	gove rise to in couse (o), stoting (nmediote (
	lying couse lost.	(c	CN	S Syphilis	8					3 134		
CERTIFICATION	PART II. OTH					NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED?
IFIC	20g. ACCIDENT WA	S LINDERLYING []	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I or Part	111 of item 18.1	_		163	140 17
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Home, fari ctory, street, office bldg., et	m, 20f. (City c.)	or town)	(County)		(Stote)
	21. I certify the	at Vattended the	deceas	ed from Janu	arv. 2	1, 19 58 to J	anuary	14. 19. 59	2,thot I	lost say	w the	deceased
	olive on Jan	1 1				occurred at7:40						
	ACTUAL X		A/P	Mall	/			reet, city or town,				TE SIGNED
	SIGNATURE	CANOVIII	- 10	7/1/2/1	1	M.D. Crownsvil	lle, M	aryland			9	/14/59
		onel McHen		pp, M.D.		Crownsvil	le Sta	te Hospi	tal		9	/14/5
220	REMOVAL (Specific	N, 27b. DATE THEREO	59	The BOLDE	WANT D	museley	22d. LOCAT	ION (City, town, o	or county)	1.	(Stote	md
23.	FUNERAL DIRECTOR	SIGNATURE	0	ADDRESS	10 mm (F.d)	24a. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATURE		T. LEA

DATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page	4 should be felled to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for tilles.	TO FUNERAL DIAZZTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baaz of Health.	Ö
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VS. A15ME 5M 2/57

	ACE OF DEATH COUNTY Ant	ne Arundel	MARYLAND	2. USUAL RESIDENCE (Where		institution: Res	Dist. No.	
b. (and give nearest fown)	pulside corporale limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits			
d.	NAME OF HOSPITA	L OR INSTITUTION (If not in	n hospital, give street address)	d. STREET ADDRESS				e. IS RE ON / YES
DE	AME OF CEASED (pe or print)	First BABY	Middle WANDA ANN		DATE OF DEATH	Month . January	Day 5	Ye
5. SEX				DATE OF BIRTH	9. AGE (In) lost birthdo	y) Months	ER TYEAR	Hours
	remale	0070160	OWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	1/0-/0		угз. 5	1717511 05	100000
dur	ring most of working	life, even if retired)	UD. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	Md.	12. 0	ITIZEN OF	TAHW
	ATHER'S NAME		may all a	14. MOTHER'S MAIDEN NAME				
		DANDRID.		Nettle Ann	OFFER			
	AS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		FORMANT		ddress		
			- Ne	HIPA.OFFOR	Church	itoN 1	41.	
1	B. CAUSE OF DEAT	H (Enter only one cause per	line for (o), (b), ond (c).]				INTER	VAL BETWEE
1	PART I. DEATH	H WAS CAUSED BY:					INTER	AND DEAT
1	PART I. DEATH	H WAS CAUSED BY:	line for (o), (b), ond (c).] Interstitial Pne				INTER	AND DEAT
	PART I. DEATH	H WAS CAUSED BY:					INTER	VAL BETWEE
	PART I. DEATH	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO (b) (b)					INTER	VAL BETWEE
	PART I. DEATH I 492 X Conditions, if on gove rise to immedi (o), stating the vi	H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Oy, which iote cause					INTER	VAL BETWE
	PART I. DEATH 492 W Conditions, if on gave rise to immedia (o), slating the uncouse lost.	H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Oy, which to couse nderlying DUE TO (c)	Interstitial Pne	gumonitis.			INTER ONSET	AND DEA
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MEDICAL CERTIFICATION	PART I. DEATH 4-9 2 Conditions, if on gove rise to immedi (o), slating the uncouse lost. PART II. OTHI Oo. EXTERNAL CAUSE RIMARY or CONCAUSE OF DEATH. Oc. TIME OF INJURY Hour o. m. p. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO IV. which (b) Iole cause Inderlying (c) ER SIGNIFICANT CONDITION SE WAS TRIBUTING (20b. DESI Y Month, Doy, Year 19 at Trook charge of the	Interstitial Pro-	TOT RELATED TO THE TERMINAL Internature of injury in Port I or CE OF INJURY (Home, form, 17), street, office bldg., etc.)	DISEASE CONDITION Port II of item 18.) Of. (City or fown) Inspection	IN GIVEN IN P	ART 1(o) 19 Y	PERFORES CONCERNIA
MEDICAL CERTIFICATION	PART I. DEATH 4-9 2 Conditions, if on gove rise to immediately course to immediately course to immediately course tost. PART II. OTHI OO. EXTERNAL CAUSE OF DEATH. OC. TIME OF INJURY Hour o. m. p. m. 21. I certify the opinion death recovers.	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO IV. which (b) Iole cause Inderlying (c) ER SIGNIFICANT CONDITION SE WAS TRIBUTING (20b. DESI Y Month, Doy, Year 19 at Trook charge of the	Interstitial Pressure of the state of the st	TOT RELATED TO THE TERMINAL Inter nature of injury in Port I or CE OF INJURY (Home, form, 20, street, office bldg., etc.)	DISEASE CONDITION Port II of item 18.) Of. (City or town) Inspection nicide [], Ur	IN GIVEN IN P	ART 1(o) 19 Y	P, WAS A PERFORES and
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2.06	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY a MARYLAND	D 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Manufacture County (18 DUM
b. CITY OR TOWN (If oulside corporale limits, write) RURAL and give nearest town).	c. CITY Of TOWN (If gotside corporate Timits write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print) John Holmy	Owen Death Doy Year Death 28 19
5. TX ale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	ast birthday) Months Days Hours Mi
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY H. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY OF STOLEN OF WHAT COUNTRY OF STOLEN OF WHAT COUNTRY OF STOLEN OF STOL
13. FATHER'S NAME Eligah Owens	Margaret Colbert.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. of uninform). (If yes. gives war or dates of service) 16. SOCIAL SECURITY NO.	James over Hawood Ma
18. CAUSE OF DEATH [Enter only one couse per line (or (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PONT Hy DONALD INTERVAL BETWEE
Conditions, if ony, which) DUE TO Conditions, if ony, which)	as oular During Ge
gove rise to immediate couse (a), stating the under-lying couse last.	gale iit
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF PERFORMED' YES \(\subseteq NO
	RRED. (Enter noture of injury in Port 1 or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 1	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (St
	ath occurred at M. M. from the causes and an the date stated at
ACTUAL SIGNATURE A.S. R. L.	M.D. (1) - EAST HATTO LES
PHYSICIAN'S NAME (Typo)	130
220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY BENOVAL (Specify) 2 1-59 CHEWS	YOR FREMATORY 22d. LOCATION (City, town, or county) (510te)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthog 2. Knaus

may be retained by the hospital or attending physician.

TO FUNERAL DIF OR: After this certificate has been signed by the attending physician and campletely filled in by reported page 3 should Leftsched for use as the burial-transit permit. Then please reprove Cobon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR

VS A15 (4) 15M 10/57

01000 10130	STEAK HEATH TO THE	MIRATE DEPARTM	S GHAIYHAF	
	ATTAND TO BE	CERTIFICA	The Contract of	
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neressary, please to tor. Page our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nevess execute the cartificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be and a should be an entired form PM3. Page 5 may be retained to Funeral transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burief, cremation, or removal, and in any event within 72 hours after death. 4 should be VS. A15ME

5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	178						Reg. D	list. No) .	
1.	LACE OF DEATH ACCOUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE (V o. STATE	Md.	sed lived. If institu b. COUNT		ence be	fore adm	ission)
1	CITY OR TOWN (If outside corporate limits, write Fort Meade	RURAL	c. LENGTH OF STAY IN 16 4 Weeks	c. CITY OR TOWN (III	Mead		RURAL on	d give n	earest to	wn)
1	I. NAME OF HOSPITAL OR INSTITUTION (IF		ital, give street address)	dy STREET ADDRESS Civilian	n Dor	mitory			ON	ESIDENCE A FARM?
	NAME OF DECEASED Type or print) Stephan St		y Pawlik	Lost	4. DATE OF DEATH	Monti	11.	Day		reor 1959
5. 5	3.0	7. MARRIED		9/13/14		9. AGE (In years lost birthday) 44 yrs.	IF UNDER Months	Doys Doys	-	ER 24 HRS. Min.
100	USUAL OCCUPATION (Give kind of work di pring most of working life, even if retired)	one 10b. KI	nd of Business or Indust t. Meade	RY 11. BIRTHPLACE (Sione Baltimo)		country)		SA	F WHAT	COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME					
	Stanley Pawlik	2		Mary	Sipn	iski				
	WAS DECEASED EVER IN U. S. ARMED FOR ne, or unknown) Yes WW 11	evice)		r. Chester	Pawl	Address ik, Mill		111	e, :	Md.
	IMMEDIATE CAUSE (o) 422 / DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause tost. (c).		teriosclerotic							
CERTIFICATION	PART II. OTHER SIGNIFICANT COND	ITIONS COL	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	. '		AUTOPSY DRMED?
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	. DESCRIBE	HOW INJURY OCCURRED. (E	inter noture of injury in Por	t I or Port II	ol item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m. 19	20d. IN While of worl	_ Not while _ fact	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (Cit)	y or town)	(Co	unty)		(State)
	21. I certify that I tack charge opinion death resulted from: MACTUAL SIGNATURE	of the relative	-		Hamicide		Inqui	, _	DATE :	id in my
	EXAMINER'S NAME (Type) Paul F.	Guerri	n. M.D.	ASSISTANT MEDIC				1	12/	אכ
	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Ton 15/3	A many	130 140 · NAME OF CEMETERY OR	CREMATORY Como	22d. LOCA	TION (City, town,	or county)	Yary	Stat	9-
23.	FUNERAL DIRECTOR'S SIGNATURE		Han Been	DATE	JAN 1 9	159 246. REGI	STRAR'S SIG	0 4	au.A	

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	Discover & April 1994 1995 Line Deligion Discover Dis-		
1/10/5	Classical activities (1)		
		* * *	O TITAL TANK

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

Niles

PERFORMED? YES NO NO

(State)

DATE SIGNED

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Day

ON A FARM?

YES NO

Year

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Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY-OR TOWN (If outside corporate limits, write RURAL and give negrest town) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY (County) . 1957, that I last saw the deceased M, fram the causes and an the date stated above. 22d. LOGATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE arthur & Kraus

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VS. A15ME 5M 2/57

Item	15 20,2	Film ME	DICA	TATE DEPART	R'S	NT OF HEALT	H-BA		- 1	Dist. No	01	462
2 PLACE	E OF DEATH	1	25	20020 1,422	,	2. USUAL RESIDENCE						ission)
a. CO	YTHUC	Asses Asses	اماما	MARYL	AND	g. STATE	exas	b. COUNT				
		outside corporate limits, write		c. LENGTH OF STAY II		c. CITY OR TOWN (porote limits, write	RURAL	nd give n	earest to	wn)
60	nd give nearest town	Annapoli	S				Tvler		100	x _ 3		
d. NA	ME OF HOSPITA	AL OR INSTITUTION (I	f not in ho	spitol, give street address)	d. STREET ADDRESS	- 0	Oakwood			ON	ESIDEN A FARA
3. NAM	E OF	Anne Arune	- N. P-2 - N.	en. Hosp.		Lost	4. DATE	Mont	da.	Doy		l'eor
DECE	ASED or print)			Anoune		COM	OF	Januar		28		9 59
5. SEX		James Pyre	7. MARRI	ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	W	R TYEAR	IF UND	
	fale	White	WIDOWE			Ditte Of Bixini		last birthday)	Months	Days	Hours	Min.
				KIND OF BUSINESS OR II		N 13 BIDTHRIACE (Steel	a as faraign	7	122 (TIZEN O	T AA/III A T	COUNT
during	most of workin	g life, even if retired)	TOD.	KIND OF BOSINESS OK II	10031	Tyler,		**		J.S./		COON
13, FATH	HER'S NAME			?		14. MOTHER'S MAIDEN	NAME	?				
	DECEASED EVI	ER IN U. S. ARMED FOI (It yes, give war or dates of		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
(o),	nditions, if one rise to immed, stating the case tast. PART II, OTH	diale couse underlying (c)	DITIONS C	of the nec		OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PA	ART 1(o) 1	9. WAS	AUTOP
200. PRIA CAU	EVTERNIAL CAL	100	Descoio								PERFO (ES D	NO [
	EXTERNAL CAL MARY OF COM JSE OF DEATH.	ATRIBUTING []		estrian str								
WEDICAL 20c.	Hour XXXXXX p. m.	1/28/59	Whil		e. PLAC facto	E OF INJURY (Home, for ry, street, office bldg., et Road	m, 20f. (Cit		Anne	Arui	ndel	(State
ACT SIG		Vila: Vo	Naturol	remains described causes . Accid	ent 🖁		Homicide	Januar A		manne	r 🗆	d in a
220. BUR		22b. DATE THEREC		22c. NAME OF CEMETER				TION (City, town,	or county)	14.	(State	•)
23. FUNI	ERAL DIRECTOR	'S SIGNATURE		ABDRESS			EB 1 0 '5		STRAR'S S		E	
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. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		1.6	0	CERT	IFIC	ATE OF D	EATH			Reg. D	ist. No		
1.	PLACE OF DEATH	me Aru	inde l	MAR	YLAND	2. USUAL RESID	Maryl		lived. If institu b. COUNT		AA	ire admis	sion)
	b. CITY OR TOWN (If outside of	orporote limit	s, write	c. LENGTH OF STAY	(IN 1b	c. CITY OR 1	OWN (If ou	itside corpore	ote limits, write	RURAL ond		orest town	n)
	RURAL and give nearest town	Brookly	m	Yrs.		50	Brook	lyn					
	d. NAME OF HOSPITAL (IF not OR INSTITUTION				1110	d. STREET A	DDRESS						SIDENCE A FARM?
		240 Edg	geval	e Rd.		21	O Edg	evale	Rd.				NO [
	NAME OF DECEASED (Type or print)	NE	st	E, Middle	TA	FFERT	-4	4. DATE OF DEATH	Mo	onth /3	0 /3		Yeor
5. :	F 6. COLO	OR OR RACE	7. MARR	_		8. DATE OF BIRTH	/99		9. AGE (In year law birthdoy)	Months		Hours	ER 24 HRS. Min.
100	during most of working life, e	kind of work o wen if retired)	Jone 10b.	KIND OF BUSINESS (OR INDU		ACE (Stote or	r foreign co	untry)	12. C	ITIZEN (OF WHAT	COUNTRY
<i>)</i> 3.	FATHER'S NAME John Cr	ato		TEUCE - L		14. MOTHER'S	MAIDEN N	AME					
15. (Ye	WAS DECEASED EVER IN U. S.	ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17.	INFORMANT	-	Tyles	Ad	ldress			
	No	-		-			Famil;	У		Same			
	18. CAUSE OF DEATH [Ente	r only one co	use per lin	e for (o), (b), ond (c)	.]					Cath	INT	ERVAL 8	ETWEEN
	PART I. DEATH WAS O	CAUSED BY:		caro	aar	4 recla	uno	pc -	-		0	JET AINE	DLAIN
	420.1	DUE TO		0	/	1							
	Conditions, if ony, which) (6)		her .	111	Ensice	card	co 7	nec. o	Loss	20		
	gove rise to immediate couse (o), stoting the <u>under</u> lying couse lost.			01									
CERTIFICATION	PART II. OTHER SIGNI	FICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION G	IVEN IN PA	RT 1(0)	PERFC	AUTOPSY ORMED?
	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	LYING [] E OF DEATH EXAMINER)	20b. DESC	CRIBE HOW INJURY C	OCCURRE	D. (Enter nature a	Finjury in Po	ort i or Part	It of item 18.)				
MEDICAL	20c. TIME OF INJURY Manth Hour o. m. p. m.	, Day, Yea	While of work	Not while of work	20e. Pl	LACE OF INJURY (I ictory, street, office	lome, form, bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify that & att	ended the	decease	ed from	Va	W 1956	, to	Jan	30, 19 5	Y that I	last s	aw the	decease
	alive onas	1 30	125	17	//	accurred at	7.3	M, from	the causes	and an		te stat	ed abov
	ACTUAL SIGNATURE	lip 7	· Ki	ester, 7	40	.M.D	(*	DDRESS (Str	eet, city or town	- 3/		59	ATE SIGNE
	PHYSICIAN'S NAME (Type)	KEI.	STER	C.									
220	BURIAL, CREMATION, 22b. I REMOVAL (Specify) Burial	DATE THEREO	F	22c. NAME OF CEM					ON (City, town			(Stat	le)
	FUNERAL DIRECTOR'S SIGNAT	URE		ADDRESS	4		24a. REC'D	BY REGISTR		SISTRAR'S S	IGNATU	RE	
	McCully Funera	11 Home	s 130	E. Fort	Ave.		DATEEB			Thung S.	treas	4	

VS A15 (4) 15M 10/57

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Reg. Dist. No.

					Ke	J. DIST. 140.	
PLACE OF DEATH	andal	MARYLAND	II A CTAYE	(Where deceased lived			dmission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		(If outside corporate li			lown)
		2 Dave			0	2	
d. NAME OF HOSPI	TAL (If not in hospital, give street	et oddress)				e, t	RESIDENCE
U.S. Naval	Hospital, Anna	polis, Md.	7609 Char	Lesmont Rd.			ON A FARM?
NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Doy	Year
					Jan		19 59
Male			8. DATE OF BIRTH 3 Mar 1955	9. AC los			OUTS Min.
a. USUAL OCCUPATION	ON (Give kind of work done 10	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote or foreign country	1:	. CITIZEN OF W	HAT COUNTRY
	king the, even ir refired)		Marylan	i		U.S.	
				Maria			I TO THE
				ta Mae RUT			
S. WAS DECEASED EVE (es. no. or unknown)	(If yes, give wor or dates of service)						
			.S. Naval Hos	sp. Annapol	is, Md.		
The second secon			7.			INTERVA ONSET	AL BETWEEN AND DEATH
- 0 1/1/1/	IMMEDIATE CAUSE (o)	Acute rul	monary Edema	l			
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	mmediate	Acute pne	umonia				
couse (o), stoting	the under-						
		CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TE	PANINAL DISEASE CON	IDITIONI CIVENI IN	I DADT 1/a) 10 V	VAC ALITOPEY
Conge	nital heart dis	sease				, P	ERFORMED?
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 206. DI G CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I or Port II of	item 18.)	•	
20c. TIME OF INJUI Hour a. ji. p. m.	Whi	le Not while fo	ACE OF INJURY (Home, story, street, office bldg.,	farm, 20f. (City or to	wn)	(County)	(Stote)
	nat I attended the deced	ased from 25 Jan	19.59, to	26 Jan	., 19 <u>59</u> ,tho	at I last saw	the deceased
alive an	, 19	, and that death	accurred at 9:4				stated above. DATE SIGNED
ACTUAL	noil		II.S.N.H				26-59
SIGNATURE	4/5/14		M.D. O. O. O. T.	sp. Aillape	TIS Price		20-27
PHYSICIAN'S NAME (Type)	P. B. HUFF LT	MC USNR					
O. BURIAL, CREMATIC	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, town, or cou	nty)	(Slote)
BBT13.1	1/29/59						Md.
. FUNERAL DIRECTOR		ADDRESS			24b. REGISTRAR	S SIGNATURE	arz (a
Andrew K	. Coffman Ha	gerstown Md.	DATE	N 2 9 '59	Cirling 2	1. Mana	
	D. COUNTY Anne Ar b. CITY OR TOWN (RURAL OR TOWN (RURAL OR OF HOSPI OR INSTITUTION U.S. NAVA] NAME OF DECEASED (Type or print) SEX Male OR. USUAL OCCUPATH during most of wor B. FATHER'S NAME ROBERT I.S. WAS DECEASED EVI (Fet, no. or unknown) 18. CAUSE OF DE- PART I. DE- Conditions, if or gove rise to in couse (o), stoting lying couse lost. PART II. OT CONGE 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 10 CONGE 10 CONTRIBUTING (IF EITHER, NOTIFY 11 CONTRIBUTING (IF EITHER, NOTIFY 12 OC. TIME OF INJUIT HOUR C. J. D. M. 21. I CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIFY 13 OLIVE GRANATURE PHYSICIAN'S NAME (Type) OR BURIAL DIRECTOR OR BURIAL CREMATIC REMAULAL (Specify BIT 13 1 S. FUNERAL DIRECTOR	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis d. NAME OF HOSPITAL (If not in hospital, give street or in the street of the post of the street of the post of the street of the post of the street	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Annapolis d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION U.S.Naval Hospital, Annapolis, Md. NAME OF DECEASED (If yea or print) SEX 6. COLOR OR RACE Male Cau WIDOWED DIVORCED DIVORCED	Anne Arundel b. CITY OR TOWN (if outside corporote limits, write RURAL ond give necrest fown) Annapolis d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Annapolis, Md. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Annapolis, Md. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION U.S. Naval Hospital, Annapolis, Md. NAME OF DECEASED WERE Male OR OLOGOR OR RACE MIDOWED DIVORCED SET IN USTREET ADDRESS OR INDUSTRY II. BIRTHPLACE (S. Marylan of during most of working life, even if refired) OR USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) OR USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) OR USUAL OCCUPATION (Give kind of work done during) III. BIRTHPLACE (S. Marylan of during most of working life, even if refired) OR CONSTRUCTION (Give kind of work done during) III. BIRTHPLACE (S. Marylan of during) III. BIRTHPLACE (Anne Arundel b. CITY OR TOWN If duvide corporate limits, write RURAL and give received form) Anna polis c. LENGTH OF STAY IN 1b RURAL and give received form) Anna polis d. S. NAVE OF CONSTITAL (If not in hospital, give utreet oddress) OR INSTITUTION U.S. NAVEL HOSPITAL (If not in hospital, give utreet oddress) OR INSTITUTION U.S. NAVEL HOSPITAL (If not in hospital, give utreet oddress) OR INSTITUTION U.S. NAVEL HOSPITAL (If not in hospital, give utreet oddress) OR CLORE ROLL (If not in hospital) NAME OF DECEASED FOR First Middle Lett OF CLORE RICE OF OCCASION NAME OF DECEASED FOR FIRST I.S. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: I.M.	PLACE OF CHATH COUNTY Anne Arunde1 ANTER Arunde2 ARU	Anna Arundel Letty Or Town (If outlide corporate limits, write RURAL and give recreat RURAL and give recreated at the RURAL and give recr

	: 1	81	CERTIF	ICA	TE OF D	DEATH	1		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY A	. A. Count	У	MARYLA	- 11	o. STATE	DENCE (WH		d lived. If institut b. COUNTY			Cour	
b. CITY OR TOWN (If a RURAL ond give near			c. LENGTH OF STAY IN		c. CITY OR 1	Erool		orote limits, write	RURAL ond	give ne	arest lown	1)
d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospitol, g	give street o	ddress)		d. STREET A		allis	Avenue				FARM?
3. NAME OF DECEASED (Type or print)	OSCEOL		Middle A.	RC)SS	it .	4. DATE OF DEATH	Mo Janu		Do	7	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRI	NEVER MARRIED DIVORCED	land	ct. 17			9. AGE (In years lost birthdoy)	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10g. USUAL OCCUPATION during most of workin Painter	(Give kind of work of glife, even if retired (Ret a)	done 10b. K	Zell Motor		Pit	tt Cou	inty,	N. Car.	12. C		S.A.	COUNTR
13. FATHER'S NAME Joh	n S. Ro	SS			14. MOTHER'S	MAIDEN N	Norr	is				
15. WAS DECEASED EVER [Yes, no ar unknown] (If	IN U. S. ARMED FOR yes, give war or dotes of s		OCIAL SECURITY NO.		s. Ava	Ross	18 W	Addis Av	e. E	rool	clyn	25 M
Conditions, if ony gove rise to improve (o), stoting the lying cause lost.	e under-		Branchs	6	Breu	~		seas	2		6 a	lag
PART II. OTHE 49/X 200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M			ONTRIBUTING TO DEAT						VEN IN PA	RI I(o)	PERFO	REMED?
OR CONTRIBUTING E (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour a.m. p. m.	CAUSE OF DEATH		JURY OCCURRED 20	Oe. PLAC	E OF INJURY (Home, form	20f. (Cit)		6	(County)		(Stote)
21. I certify the alive and less actual signature Physician's NAME (Type)	of lattended the	decease	d from, and that d	leath o	ccurred at			m the causes treet, city oppoun	and on		te state	decease ed abov
20°. BURIAL, CREMATION REMOVAL (Specify) REMOVAL 23. FUNERAL DIRECTOR'S	Jan. 2,	1959	22c. NAME OF CEMEN Ayden Address		etery	240. REC'		TION (City, town, yden TRAR 24b, REG	37 0	ar.	(Stot	e)

1217 St. Paul Street

240 REC'D BY REGISTRAR
DATE N 5 '59

arthur S. Hraus

uneral directar, sold be filed with D FUNERAL DI TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sthe registrar prior to burial, cremation, ar removal, and in any event within 72 bours after death. TO FUNERAL DI page 3 should of

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

William Cook, Inc.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

00170

121	O-Million III			Reg. 1	Dist. No.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY 4- A	ence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	Sher wer	-		d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street institution The Anne Arundel Ge		d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Margo	Middle Rae	Rowny	4. DATE OF DEATH	Month January	Day Yeor 16 19 59
	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH January	9. AG 12,1959	E (In years IF UNDI t birthday) Months	Pays Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired)	b. KIND OF BUSINESS OR INDU	ANNA		7 6.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Carroll Louis Rowny		Margaret	Linda Car	rani	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes. give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	Mother S	Sherwood 1	Address Forest. An	mapolis, Md.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 770.0 DUE TO	line for (a), (b), and (c).] EXULYTIC JULES!	E OF THE NEW		TO 16-0	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying couse last.</u> (b) DUE TO		14 57 17 14			
PART II. OTHER SIGNIFICANT CONDITION X.S.N.G.U.N.F.D.N 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	MSFUSION				ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port 11 of	item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d Haur a. m. 19 Whi at w	le _ Not while _ lo	ACE OF INJURY (Hame, form coory, street, affice bldg., etc	n, 20f. (City or tar	wn)	(Caunty) (State)
21. I certify that I attended the deceded alive on 16 TANDALY 19 ACTUAL SIGNATURE WAS MURILIONAL SIGNATURE	YEI	7 , 19 19 , 10 1 n accurred at 4 4 5 M.D. (2) (A)		causes and an	l last saw the decease the date stated above DATE SIGNE
PHYSICIAN'S TUALT IS WALL	CER MD.				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) /- 17-5-9	ST MAY'S	CENET.	11	City, town, or county	(Stote)
Hopping Pufficient 1	Anangessus, and	240. REC	O BY REGISTRAR AN 1 9 '59	24b. REGISTRAR'S S	S. Frans

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3 3	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00171
s P	182 CERTIFICATE OF DEATH Reg. Dist.	
5	1. PLACE OF DEATH O. COUNTY QUAR COUNTY AUTHORITHMENT COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MUVICED b. COUNTY BULL	before admission)
173	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) () (24 8) (4 8) (4 8) (4 9) (6 14) (7 1	e nearest town) / 3 V o / - 4
90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PLAZA MUUDA NUVISINGHOUSE 2 85 EXPTENTION	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GEOVGE - SCOTT 4. DATE Month OF DEATH JUNUAVY	Day Year 22 1959
<	MAKKIED MESEK MAKKIED	YEAR IF UNDER 24 HRS.
- Gedin.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ	WHAT COUNTRY
I)	13. FATHER'S NAME, HODEN'T Scott Maggie Tames	
No.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT GRANT TUCK 150 in 2500	Wiadwa
±	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
e e e e e e e e e e e e e e e e e e e	575x DUE TO ISORIAL Dectul alress, -	
ρ Ε	gove rise to immediate couse (a), stating the under-lying couse lost.	:
over, o	part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
10	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of wo	unty) (State)
ioi.	21. I certify that I attended the deceased fram 1-15, 1957, to 1-2-, 1927, that I la alive an 1-21, and that death accurred at 2. M, fram the causes and on the	
0 0	ACTUAL SIGNATURE Faller Presidence M.D. P. Box 37 Octour, stole)	DATE SIGNED
70		22-59
Di Cin	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)

Arbutus Memorial Park

ADDRESS

1000 Brantley Avenue

Jan.26, 1959

23. FUNERAL DIRECTOR'S SIGNATURE

ELROY

Arbutus ; Baltimore Co. Md.

BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR
DATE MAN 2 6 '59

MERYLAND STATE DEPARTMENT OF HEALTH - NAUTIMORE TE THE REPORT OF THE PROPERTY OF The state of the s of the state of th anner Tolland BOL | Abant. O Anne

I O MOSPILAL OR ALLENDING PHISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fa	ained by the ho	TO FUNERAL DIR. R. After this certificate has been signed by the attending physician and completely filled in by the serol dire	old by etache	r prior to burio
NG PHYSICIA	ospital or atte	fter this certifi	d for use as th	L'octomption le
AN: The law	ding physic	cate has bee	ne burial-tran	lovomes vo
requires the	an.	n signed by	nsit permit.	a year oil bear
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ARYLAND ST	TATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00172
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128tem 1 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. [PLACE OF DEATH o. COUNTY MARYLAND 2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
		d. NAME OF HOSPIJAL (If not in hospital, give street oddress) OR INSTITUTION 92 Clay Street	d. STREET ADDRESS Q 2 Claud St e. IS RESIDENCE ON A FARN YES NO	A?
	1	NAME OF DECEASED (Type or print) Charles First A. Middle	Lost 4. DIATE Month Day Year OF DEATH Jan () 190	9
	6	male Colorge WIDOWED DIVORCED [DATE OF BIRTH OCT, 5 18 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 Hours Mingham) OCT, 5 18 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 Hours Mingham) OCT, 5 O	
1		de USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRE during host of working life, even if retired) Cantur Helper	Amapole Lis, A.	NTRY?
		John Simms	14. MOTHER'S MAIDEN NAME Onnis	
	15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	Rasil Simms Frencholes	2
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEAT	
		Canditions, if ony, which gave rise to immediate couse (a), stating the under-	6) 3/m	4
	NO	lying cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
)	CATIC		PERFORMED YES NO	
	L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I ar Part II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o. m. 19 While Nat while at work of work 1	E OF INJURY (Hame, form, 20f. (City ar town) (County) (SI ry, street, affice bldg., etc.)	lote)
		21. I certify that I attended the deceased fram and that death and actual actua	iccurred at ADDRESS (Street, city or town, stote) DATE ST	
1		PHYSICIAN'S NAME (Type)	o 110-6 HA 21 124 HATO AD 1 10, 1	1/2/
	220	O. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CO	REMATORY 22d. LOCATION (City, town, or county) (Stote)	/
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAJORES M	DATE AN 9 159 246. REGISTRAR'S SIGNATURE CITIZEN S. PILONA	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

183

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (WI a. STATE Maryland		b. COUNTY Bal	timore	City	
b. CITY OR TOWN (I RURAL ond give no Crownsvi		c. LENGTH OF STAY IN 16 20 yrs. 10day	s Baltimore			URAL ond gi	ive nearest to	wn)
OR INSTITUTION	AL (If not in hospitol, give street 11e State Hosp		d. street address Unknown				ON	A FARM?
3. NAME OF DECEASED (Type or print)	First Martha	Middle	Simons	4. DATE OF DEATH		lary	Day 1,	Yeor 19 59
5. SEX Female	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	78?	9. AGE (In years last birthdoy) 80? yrs.	Months	Days Hour	7
Domestic	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDUS	- Virginia		country) -		USA	AT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME				
Billie			Unknown					
	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		NFORMANT		Add	ress		
No		Unknown	Hospital Reco	ords				
Canditians, if o gave rise to i couse (a), stating lying cause last.	ny, which mmediate the under-	rdiac decompens d and recent my neralized Arter	rocardial infe					
₽	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		INAL DISEA	SE CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED						
20c. TIME OF INJUR Hour a.m. p. m.	While		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	n, 20f. (Ci	ty or town)	(0	ounty)	(Stote
actual SIGNATURE	not I offended the deced nuary 1. // 19/ Lionel McHenry	59 and that death	occurred of 11:35	AM, fro	om the causes of Street, city or town, aryland	and on th	Januar	nted obar
	DN, 22b. DATE THEREOF	22c, NAME OF CEMETERY OF			ATION (City, town,			ote)
3. FUNERAL DIRECTOR	'S SIGNATURE ROLL	ADDRESS Q / 18 \ N / 7/1	240. REC	D BY REGIS		STRAR'S SIG		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIR TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld to elached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours, after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

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Item C Film G238 1/27/59gg

Months

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

15 min

15 years

(County)

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PERFORMED? YES NO DI

(Stote)

DATE SIGNED

(State)

Days

USA

ON A FARM?

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Year

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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00175

	81	5 CEKTIFI	CAIL	OF DEA	П		Reg. Di	st. No.		
1. PLACE OF DEATH a COUNTY Arund	el	MARYLAI	ND G	USUAL RESIDENCE (b. STATE Maryland	Where deceased	b. COUNTY	n: Residen			sion)
b. CITY OR TOWN (If or RURAL and give neare Crownsville	utside corporate limits, write est tawn) 🕒	c. LENGTH OF STAY IN 2y 5m 3d		c. city or town (Upper Mar		rote limits, write RU	JRAL and	give nea	irest towi	n) ·-
OR INSTITUTION	(If not in hospital, give stre le State Hos			d. STREET ADDRESS Route 1 -						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	first Ida	Middle Mary		Smith	4. DATE OF DEATH	Mant 1	h	Do: 27		Year 19 59
s. sex 6	Magaza	ARRIED NEVER MARRIED WED DIVORCED		1863		9. AGE (In years last bishday) yrs.	IF UNDER Manths	1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during mast af warking Howsewite	(Give kind af wark dane 10 life, even if retired)	b. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Sec.		iuntry)	12. CIT		F WHAT	COUNTRY
13. FATHER'S NAME William St	eward		14	Elenora	NAME Stewal	a				
15. WAS DECEASED EVER IN	N U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	Hos	mant pital Heco	ords	Addr	ess			
PART I. DEATH 19 Canditions, if any, gave rise to imm cause (a), stating the lying cause last.	rediate (DUE TO	Hypostatic P. enility, Deny			anition				RVAL BE	ETWEEN DEATH
Senile Br	ain Disease	S CONTRIBUTING TO DEATH & Myocardial ESCRIBE HOW INVERSE OCCU	Insuf	riciency			EN IN PAR	T 1(a) 1	PERFC	AUTOPSY ORMED?
OR ACCIDENT WAS IT	CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year 20d Whi		e. PLACE (DF INJURY (Hame, fo street, affice bldg.,	orm, 20f. (City etc.)		((County)		(State)
alive an	1) ottended the dece 1/23	59 and that de	eath acc	Crownsvi	ADDRESS (SH	the causes a reet, city ar town, s ate Hospi	nd an ti	he dai	le state	deceased above ATE SIGNED / 23/5
220 BURIAL CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	Mapp, M. D.	RY OR CRE			Ite Hospi		R	(S)at	() 22/2
23. FUNERAL DIRECTOR'S &	Washington	467 NO	17	DATEA	N 2 7 '59		TRAR'S SIC		RE	, , 4

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00175

_	140	Reg. Dist. No.
	LACE OF DEATH COUNT CHASE Counded MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY
1	C. CITY OR JOWN (if outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If Autside carporate limits, write RURAL and give nearest tawn)
	1. NAME OF HOSPITER (If hat in haspital, give street address) OBLINSTITUTION	d. STREET ADDRESS ON A FARM? 29 Taylole St. e. 15 RESIDENCE ON A FARM? YES NO DO
1	NAME OF PIRST PRINTS DECEASED Type or print) George Washing	Lost 4. DATE Month Day Year OF DEATH /3 1956
5. 9	1 COLOR OF TACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF 8 KTH 8-26-1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 He last birthday) 65 yrs. Manths Days Haurs Min.
100	during most of working life, even if retired)	USTRY WASIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
(,	Dilliam Sparrow	14. MOTHER MAIDEN WANE TO Sparrow
(Yes		indie Sparrow King, md
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mysh aga du to interval BETWEEN ONSET AND DEATH
	Conditions, if any, which (b) Carlory ocher	to Hy ferlender Cardin
	gave rise to immediate cause (a), stating the under-lying cause last.	disser
ICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES \(\sum \) NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING TO SOME CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part t ar Part II af item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a. jn. p. m. 19 While at work at work	ACE OF INJURY (Hame, form, 20f. (City ar town) (County) (Stote county) (Stote county)
	21. I certify that I attended the deceased from alive on 12 , and that death	accurred at 1.50 M, from the causes and an the date stated abo
	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, state) DATE SIGN M.D. 110 - CLAY ST HAT HATPOLIS MA
	PHYSICIAN'S NAME (Type)	1/15/
220	Seurial, Gremation, 226. Date THEREOF 22 NAME OF CEMETERY CONTROL (Specify) 1-16-59 (Saltimore)	OR CREMATORY 22d OCATION (City, town, or county) (Sari)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

neral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a page 3 shauld the effected far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sit the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs often death.

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last birthday) Months 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET-AND DEA PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATINGUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (County) (State) 1957, that I last saw the deceased and that death occurred at 1232M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJAN 26 '59

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VS A15 (4) 15M 9/55

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please.	execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral disclor. Page 11.	files.	TO FUNERAL DIM OR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Book of Health.	1
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VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn years Severn e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS Maryland Avenue Maryland Avenue YES NO 3. NAME OF Middle Yeor DECEASED Russell Frank Stewart DEATH (Type or print) Jan. 24 1959 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED R 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. Months Hours Male White WIDOWED [DIVORCED Jan. 7. 1897 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Soldier - Retired US Army Charlottesville, Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 1927-1947 Mrs Cornelia Myers, Same as 2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosts Sudden IMMEDIATE CAUSE (0) DUE TO Canditions, if any, which, gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES M NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY (State) factory, street, affice bldg., etc.) While Not while Severn Md. of work at work IN HOME 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection X. Inquiry X ond in my opinion deoth resulted fram: Natural causes 🔼 Accident 🗍 Suicide 🗍 Homicide 🧻 Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Gustave H. Faubert, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) January 24.1959 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Glen Burnie, Md. Burial Glen Haven Memorial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE unst

DATAN 2 7 '59

Cirthun & France

Kirkley, Glen Burnie,

FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 0()18() Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Aru	13U		MARYLAN	O STA	CE.		used lived. If instit b. COUN	TY .		
b. CITY OR TOWN (II	eutside carporate limits, writ	• RURAL	c. LENGTH OF STAY IN 11		Marylai OR TOWN (I		rporate limits, write	RURAL on		
and give nearest lown Annapoli				X	Edgewa					
The second secon		If not in hosp	bital, give street address)	d. STR	EET ADDRESS	UE1				e. IS RESIDENCE
	undel Gener			1	Rt 1	Dans	101			YES NO TO
3. NAME OF	Fir		Middle	- 11-	Lost	BOX A. DATE	Mon	lh.	Doy	Year
(Type or print)	STEWART		W SUI			OF DEATH			15	1959
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years feet birthday)	IF UNDER		F UNDER 24 HRS.
Male	White	WIDOWED			1, 1888		70 yrs.	Months	Days F	Hours Min.
10a. USUAL OCCUPATION during most of working Janitor	ON (Give kind of working life, even if retired)		ice Station					-	IZEN OF V	WHAT COUNTRY?
13. FATHER'S NAME		1101	TGG D (8 CTOIL		ER'S MAIDEN		ounty, Md	•	JOA	
Steve S		BCESO 14 S	OCIAL SECURITY NO. 17.	INFORMANT	ma Haro	у	Address			
(Yes, no, er unknown)	(If yes, give war or dates of					G				// 0
Yes	WW I	[2]	7 14 2567 A 1	Mrs. Lo	ttle S	. Sult	e- Wile	san	ne as	
	TH [Enler only one course the WAS CAUSED BY:	Maal	or (o), (b), ond (c).] .tiple Injuri	96					INTERVA ONSET A	AL BETWEEN
COEY	IMMEDIATE CAUSE (o)	- Mul	orpre in arr	20					2	1112.
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(o), stoling the										
couse lost.) (c)									Management of the latest design of the latest desig
PART II. OTH	HER SIGNIŅCANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	I NOT RELATE	O THE TERM	SINAL DISEA	SE CONDITION GI	VEN IN PAR		PERFORMED?
	JSE WAS NTRIBUTING 20	Auto A	HOW INJURY OCCURRED.							
20c. TIME OF INJUIT 4-38 p. m.	Jan. 15, 19	or 20d. II 59 While of wor	NJURY OCCURRED 20e. P	ACE OF INJU actory, street, of 2-1mil	RY (Home, form ffice bldg., etc e sout)	m, 20f. (Ci	ly or lown)	(co	unty)	(State)
			emains described at				Inspection X			and in my
opinian death	resulted fram:	Najural c	auses . Accident	M, Sui	cide [],			ermined i	· Named	
ACTUAL SIGNATURE	Mul	retty		M.D. CHI	EF MEDICAL E	XAMINER [1 100	DATE SIGNED
EXAMINER'S NAME (Type)	Elmer G.	Linhar	dt		ISTANT MEDICAL			Januar	ry 15	, 1959
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THEREC	OF	22c. NAME OF CEMETERY	OR CREMATOR	Υ	22d. LOC	ATION (City, town,	or county)		(Slote)
Burial	1-19-19	59	All Hallows	Cemeter	·V	Birds	sville, A	nne A	rum e	. bM . I
23. EUNERAL DIRECTOR	SSIGNATIONELL	lein	ADDRESS			D BY REGIS	TRAR 246. REG	ISTRAR'S SIG	GNATURE	,
HOPPING F	ONEKAL HOME	E Lely	apolis, Mary	land	DATE L	JAN 1 9	'59 (Inthun &	8. Hran	ia.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 189 I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Registence defeate admission) a. COUNTY g. STATE b. COUNTY MARYLAND Anne Arundel b. CITY OR JOWN (If autside carporate limits, write c. CITY OR JOWN (If autside carparate limits, write RURAL and give nearest town) 9 c. LENGTH OF STAY IN 16 RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 24 NAME OF 4. DATE Middle DECEASED SYBERT (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Male White DIVORCED [WIDOWED [YES. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. (FITHPLACE (State or foreign country) carbon pape after death. during most of working life, even if retired) TORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 72 haurs o IS. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO INFORMAN attending 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stating the underburial-transit premayal, and lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Carcinoma, stomach, post-operative total gastrectomy. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II at item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) Hour a. n. factory, street, affice bldg., etc.) While Not while at wark at wark p. m. 21. I certify that I attended the deceased from 19 55, to Jan 29 , 1959 ,that I last saw the deceased ped alive on Jan, and that death occurred at 2:302 M, from the causes and on the date stated above. och ADDRESS (Street, city or tawn, state) ACTUAL O. Box 289 Severna Park TO FUNERAL DIR page 3 shauld t Pr. PHYSICIAN'S NAME (Type) FRANCIS I. CODD

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

DATECH

ADDRESS

Rea. Dist. No. e. IS RESIDENCE ON A FARM? YES NO Month Day Year 59 January 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 4 wasks PERFORMED? YES I NO THE (County) (State) DATE SIGNED 22d AOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE Cirling & Flescate

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify) uriax 23. FUNERAL DIRECTOR'S SIGNATURE

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eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician. TO FUNERAL DIRECTOR R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be coched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with may be retained by the haspital ar attending physician. O FUNERAL DIRE AR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be reached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stather registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

131

Rea. Dist. No.

00182

	707				Re	g. Dist. No.
1. PLACE OF DEATH a. COUNTY	OUE ARUND	EL MARYL	II o STATE /	ENCE (Where deceased	b. COUNTY	Residence befare admission)
RNRAL and give in	If autside carporate limits, wri earest tawn) Ohi S	te c. LENGTH OF STAY IN	o 16 c. CITY OR TO	OWN (If autside carpor	ate limits, write RURA	L and give nearest town)
	TAL (If not in haspital, give str 203 SEUERN	eet address)	d. STREET AC 203	SEVERN	AUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle D.	THOMAS	4. DATE OF DEATH	Month	Day Year 6 1959
S. SEX	W WIDO	ARRIED NEVER MARRIED OWED DIVORCED	0 7-15	-1869	4 4 4 4 4 4 4	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Haurs Min.
during most of wor	ON (Give kind of work done liking life, even if retired)	66. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLA	CE (State or foreign co	úntrý)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	LIAM E. I	Davis	14. MOTHER'S	Lia HOR	Kins	
15. WAS DECEASED EVE [Yes, no, or unknown]	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	JOHN TA	HOMAS	Address	2
PART I. DEA 450.0 Conditions, if a gave rise to it code (a), stating lying cause last.	the under-	rheriosele	rosis q	0	jel.	INTERVAL BETWEEN ONSET AND DEATH
ICATION TO THE PERSON THE PERSON TO THE PERS						19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING (1) G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature af	injury in Part I or Part	Il of item 1B.)	
20c. TIME OF INJUF Haur a. m. p. m.	wi wi	d. INJURY OCCURRED hile Nat while work at wark	Oe. PLACE OF INJURY IH factory, street, office	ame, farm, 20f. (City bldg., etc.)	or tawn)	(County) (State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Am hair E. L. wh AR	4.4				1-6-5°
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOF	22c. NAME OF CEMET	BLU77	220-NOCATI HUL	ION (City, town, or co	(State)
23. FUNERAL DIRECTOR	's SIGNATURE	ADDRESS 11 Massalin	X1.	240. REC'D BY REGISTE		R'S SIGNATURE S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	132		CERTIF	ICAII	COP DEA	AIM		Reg. Dist. 1	No.	
1. PLACE OF DEATH o. COUNTY	ANNE AR	11106	MARYLA		USUAL RESIDENCE	E (Where decease	ed lived. If instituti b. COUNTY	on: Residence b	efore admiss	sion)
b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town)	its, write	LENGTH OF STAY IN	116	c. CITY OR TOWN	N (If outside corp	orote limits, write R	URAL ond give	nearest town	n)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital,	0.1	Hospita	11	d. STREET ADDRE	PINS 10	E St.			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	-J	rst	Louis	-	THOMAS	4. DATE OF DEATH	Mor	orth J	7	Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED DIVORCED	- /	ATE OF BIRTH	883	9. AGE (In years lost birthday)	Months Day		ER 24 HRS. Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b. Kil	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME	5 H. TH	OMA.	5	14	LAYR	BEN NAME	Chow			
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FO (If yes, give wor or dates of		OCIAL SECURITY NO.	17. INFO	KA+HE	RINE	THOMA	ress 74	t	
	EATH (Enter only one c EATH WAS CAUSED BY: IMMEDIATE CAUSE (7)	for (a), (b), and (c).] UL MON	VAR	YE	DAMA	2		NTERVAL BE	
Conditions, if gove rise to code (o), stoting lying couse lost	ony, which immediate g the under-	b) AK	CTERIUS	LEN	POTIC,	HEART	DISE	ASE	5 / 14	nes
PART II. O	THER SIGNIFICANT CON	-	NTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o	19. WAS PERFO YES	DRMED?
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCC	URRED. (E	nter nature of inju	ory in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour o. m p. m	. 10	20d. INJ While at work [Not while		OF INJURY (Home street, office bldg		ly or town)	(Coun	ty)	(Stote)
	that I attended the	deceased								
alive on	duary	(×	Beck	M.D.	The state of the s		m the causes of Street, city or town			ed above
PHYSICIAN'S NAME (Type)	101 Mt. 5 - 70 71	or T			(en	nopol	10 Ma	lylay	l'	/
220. BURIAL, CREMATI	11 1-29-	39	22c. NAME OF CEMETE	BLL BLL	EMATORY /	228. 106	VU APOLI	or County)	/ (Stot	e)
23. FUNERAL DIRECTO	or's SIGNATURE	6	MADDRESS	lis. d.	nd- 240.	REC'D BY REGIS		other & A		

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 41 D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be accorded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sithe registrar prior to burial, crematian, ar removal, and in any event within-Planus after death. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si

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	AMOUNT	

PLACE	OF DEATH		730			2 USUAL PESIT	DENCE (Wh.	ere deceased	lived. If institut	Reg. Di		odmissio	on)
a. COL	ne Arun	del		м	ARYLAND	a. STATE	Same		b. COUNTY				,
b. CITY	OR TOWN (If	outside corporate limi	its, write	c. LENGTH OF S	TAY IN 1b	c. CITY OR T			ate limits, write f	RURAL ond	give neare	est town)	
	AL and give near	rest town)		5 yrs	3	X S	Same						
d. NAA	ME OF HOSPITAI	L (If not in hospital, g ltimore Ar	117			d. STREET A	DDRESS				- 13	ON A F	FARM?
B. NAME DECEA	OF	Fir			ddle	Last		4. DATE	Mor		Day	Ye	eor
(Type o		s. Clara I	Thom	npson		x R hesery	RXX	OF DEATH	Jan.	3/59		19	9
S. SEX		6. COLOR OR RACE	7. MARRI	IED NEVER MA	ARRIED	B. DATE OF BIRTH	4	5	P. AGE (In years last birthday)		1 YEAR II	***	
	F	W	WIDOWE	D DIVO	RCED	9/16/7	5		83 yrs.	. Months	Doys	Hours	Min.
Oa. USUA	L OCCUPATION	(Give kind of wark	done 10b. I	KIND OF BUSINES	SS OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign cou	intry)	12. CIT	IZEN OF V	VHATCO	DUNTRY
	House	-	OW	n Home		Norfe	olk.	Va.		T	ISA		
3. FATHE	R'S NAME					14. MOTHER'S	MAIDEN N	IAME		1111			
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	unandan) (iii	yes, give war or dates or i											
	MO				3/4	r Paul I	R Th	omnson	(son) F	ernds	la.	A.A.	.Co.
18. C	AUSE OF DEATI	H [Enter only one co		ne for (a), (b), and	(c).]	r. Paul I	R. Th	ompson	(son)F	ernds	INTER	VAL BET	CO.
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18. C	PART I DEATH	WAS CAUSED BY:	use per lin			ir. Paul I			(son)F	ernds	INTER	VAL BET	WEEN DEATH
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1. PLACE o. COL	OF DEATH JNTY Anne	Arundel		MARY	LAND	2. USUAL RESID o. STATE	ence (where		ed. If institution b. COUNTY		before odmi	
RUR	OR TOWN (II AL ond give ne Verna		, write c.	LENGTH OF STAY	IN 1b	Sever		outside corporate	limits, write RU	RAL ond gi	ve nearest tow	m)
d. NA/ OR	ME OF HOSPIT.	AL (If not in hospital, give Annapol		neral H	opt	Rt 1 B	ox 2	40 Dil	l Road	1	ON	SIDENCE A FARM?
3. NAME DECEA (Type of	OF SED or print)	THOMAS		Wilbur		TODE		4. DATE OF DEATH	Januar		11	Year 19 59
5. SEX Ma.	le	10/6 4 + o	7. MARRIED	NEVER MARRIE	- U .	Feb. 18,	191	4 9.1	AGE (In years ost birthdoy)		YEAR IF UND	
durin	g most of work	ON (Give kind of work do ing life, even if retired) 'estigator	one 10b. KIN	D OF BUSINESS O	R INDUS	TRY 11. BIRTHPLA	CE (Stote	e, Mar	yland	12. CITI2	USA	T COUNTR
13. FATHE	R'S NAME	T 11				14. MOTHER'S	1/	IAME				
16 MAS	Laud V	R IN U. S. ARMED FORCE	Eca 14 500	CIAL SECURITY NO	17 46	FORMANT	e Va	llee	Addre		4601.0	
(Yes, no. or	unknown) ((If yes, give wor or dates of ser	275-	10-1603		rs. Eli	zabe	th L.	Todda		dame	e
18. 0		TH [Enter only one cau				408-911					ONSET AN	
11	20 /	TH WAS CAUSED BY:	Core	onary occ	lusi	on						
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gov	e rise to in le (o), stoting t g couse lost.	mmediate (DUS TO					VI 2- 61-2	727 7000			1,55%	
CERTIFICATION OB CO. C.	PART II. OTH	IER SIGNIFICANT COND	HTIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIVE	N IN PART	PERF	ORMED?
	ACCIDENT WA ONTRIBUTING THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY O	CCURREC). (Enter nature of	injury in I	Port I or Port II o	of item 18.)			
20c. T	Hour a. fr. p. m.	Y Month, Day, Year 19	While of work	Not while ot work	20e. PLA foc	CE OF INJURY (Hory, street, office	lome, farm bldg., etc	20f. (City or	lown)	(Co	ounty)	(Stole)
aliv	_	ot I attended the	deceased 19 58			, 19 <u>56</u> occurred ot.	6:251		he causes ar	nd on the	e dote sto	
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23. FUNE	RAL DIRECTOR	1001	5305	Hartora	1 Ro	ad		D BY REGISTRAS		TRAR'S SIGN		
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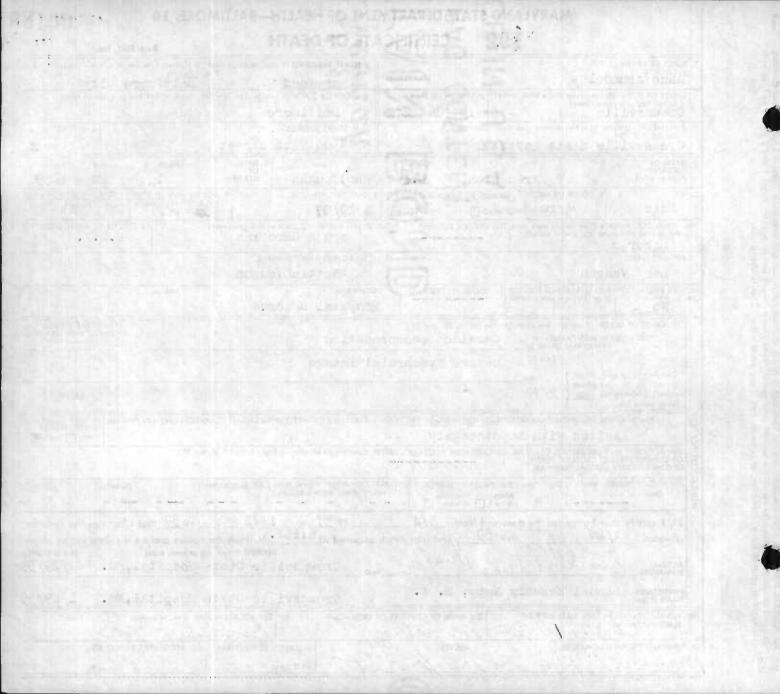
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leath: Page 4	eral director, be filed with
24 haurs after d	ed in by the
law requires that the death certificate be executed within 24 haurs after death. Page 4	ysician. been signed by the attending physician and campletely filled in by the eral directar, transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with
certificate be es	g physician and remove carban
that the death	by the attendin
law requires	ysician. been signed -transit permi

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 192

CERTIFICATE OF DEATH

00188 Pag Diet No

 =			7			. DIST. 140.				
1.	PLACE OF DEATH COUNTY Arundel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	b. CO	UNTY .					
	b. CITY OR TOWN (If outside corporate limits, write	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
	RURAL ond give necrest fown) Crownsville	ly 8m 24d	Baltimore 3vo/-4							
	d. NAME OF HOSPITAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS				e. IS RESIDENCE			
_	Crownsville State Hospi	tal	3306 Tate	Street			ON A FARM? YES NO			
3.	NAME OF First DECEASED (Type or print) #Tede	rick L. (Vau	ighan Vaughn	4. DATE OF DEATH	Month 1	Do:	Trans.			
5.		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In			IF UNDER 24 HRS.			
	Male Negro WIDO	WED DIVORCED	8/20/07	lost birth	yrs. Mon	this Doys	Hours Min.			
	a. USUAL OCCUPATION (Give kind of work done a during most of working life, even if retired) Laborer	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote South Car		12	U.S.	A.			
13.	. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME						
	Lee Vaughn	the state of the s	Nettie V	aughn						
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT		Address					
	No		Hospital Keco	rds						
CATION	PART I. DEATH WAS CAUSED BY: 42.2 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION ASCITES WITH HET		al Damage	NAL DISEASE CONDITIO	IN GIVEN IN		P. WAS AUTOPSY PERFORMED? YES NO A			
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19									
	21. I certify that I attended the dece alive an 1/28 19 19 ACTUAL SIGNATURE PHYSICIAN'S Lionel McHenry	ased from 5/4 59 and that death	M.D. Crownsvi	M, fram the cau ADDRESS (Street, city or 11e State H	ses and a town, state)	n the dat	w the deceased e stated above DATE SIGNED 1/29/55			
	NAME (Type)			lle State H	ospita	I,Md.	1/29/5			
ne	BURIAL CREMATION, 22b. DAJE THEREOF	MA Galras	R CREMATORY	Brokly	own, or coun	ind	(Stote)			
29	PUNERAL DIRECTOR'S SIGNATURE / Nashael P. Janger 63	Sugar mon	JU DATE IN	4	REGISTRAR'S	S. From	4.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00189

L	193	CERTITION	TIE OI DEATI		Reg. Dist. No.
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTI	MARYLAND H OF STAY IN 16	a. STATE 10.	ere deceased lived. If institution b. COUNTY	7.A.Co.
	Pendennes Int.	H OF STAT IN 16	X Pender	uniside corporate limits, write RU	ent and give nearest town
	d. NAMED OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION OF HOSPITAL (If not in hospital, give street address)		R. +CHIE	HigHWAY	e. IS RESIDENCE ON A FARM? YES NO
:	3. NAME OF DECEASED (Type or print) WENCESLAUS	Middle UE	LENOVSKY	4. DATE Month OF DEATH	17 1959
	S. SEX 6, COLOR OR RACE 7. MARRIED NE WIDOWED [DIVORCED [Seht 16-18	877 Spirthday)	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give hind of work done 10b. KIND OF B flying most of working (te. even if retired)	WINESS OR INDUS	13000	or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME Wenceslaus Vele	novsky	14. MOTHER'S MAIDEN N	Brown	
[15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	17	sephone V	elenovsky	" (2)
Ī	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		4	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) FRE	BRAI 7	THROMBOS	15	ONSET AND DEATH
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ŀ	(0)	INC TO DEATH BUT	NOT BELLTED TO THE TERM	NAL DISEASE CONDITION ONE	NIN BART V-1 10 WAS AUTORSY
	icatic				PERFORMED? YES NO
		/ INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of item 1B.)	
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not was the work of w		ACE OF INJURY fHome, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased fram.		7, 1959, ta	1/17.1959	that I last saw the decease
	alive on 1/17, 1959	and that death	4.49		d on the date stated above
	6 100	, and that acom		ADDRESS (Street, city or town, st	
	SIGNATURE SUBERAS / SO	el	M.D. 4 San	etheate a	1/18/5
	PHYSICIAN'S NAME (Type)		anna	seles, mary	Curd
-	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF STREET STR	HE OF CEMETERY O	R CREMATORY	22d. LOGATION (City, town for	county) (State)
1	2) FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF SOME AND SOME	uandi	md PATE		RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be ached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the burial, crematian, at remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SS

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Reg. Dist. No.

A.

b. COUNTY

Annapolis

January

9. AGE (In years lost birthdoy)

Month

Address

Ol Rerry Court

Months

135 CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) · COUNTY filed MARYLAND Maryland Anne Arundel death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 24 O'Berry Ct. Anne Arundel General Hospital 2 NAME OF 4. DATE Middle Lost filled aes 1 c DECEASED DEATH (Type or print) Thomas Wallace 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX 8. DATE OF BIRTH DIVORCED T WIDOWED | Male Negro January 20 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | BIRTHPLACE (State or foreign country) during most of working life, even if retired) oud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Braxton Wallace Evelyn Elizabeth Gantt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mother CAUSE OF DEATH [Enter only one couse per line fgs ቕ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCUPRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work 21. I certify that I attended the deceased from ____ M, fram the causes and an the date stated above. ____, and that death occurred of 80 ACTUAL RAL DI PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) 10 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/S5 DATE

a. IS RESIDENCE ON A FARM? YES NO M Day Yeor 1950 IF UNDER I YEAR IF UNDER 24 HRS. Doys Hours 12. CITIZEN OF WHAT COUNTRY? Annapolis, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote)

246. REGISTRAR'S SIGNATURE

Orthur & Kraus

19____,that I last saw the deceased

DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral of the Pages 4 should be fixed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to the life.

TO FUNERAL DIA TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. execute the certif VS. A15ME

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5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00192

		1	33							Reg.	Dist. No).	
1.	PLACE OF DEATH o. COUNTY	ano Amundo	7	MARY			Same	here decea	b. COU	LITY -	idence bel	fore adm	issian)
-	b. CITY OR TOWN (IF	ine Arunde		c. LENGTH OF STAY II				autolida ana	and the terms				
	and give nearest town)		THE ROLLE		10	c. CIII OK I	OWN (III	ouiside cor	porote limits, wri	ITE KUKAL O	nd give n	eorest to	wn)
-	Se Se	vern	118 t . b	pital, give street oddress			ame					T	
	New Cut		(if not in no	pilai, give street oddress)	d. STREET AD	ame					ON	A FARM?
3.	NAME OF DECEASED	F	irst	Middle		Last	7	4. DATE	Ma	nth	Day	Y	reor
	(Type or print)	Ma	ttie	120		Wheel	er	OF DEATH	Ja	nuary	3.	1	9 59
5.	SEX	6. COLOR OR RAC	7. MARRI	ED X NEVER MARRIED	□ 8. D	ATE OF BIRTH			9. AGE (In years		R TYEAR	-	ER 24 HRS.
	Female	White	WIDOWE		_	Nov. 22,	190	5	fost birthday) 53 yr	Manths	Days	Haurs	Min.
100	during most of working	N (Give kind of world	k dane 10b. I	CIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLAC	CE (Stote o	ar fareign o	country)	12. C	TIZEN O	F WHAT	COUNTRY?
	Nousek	J. / / #	x 6	Estavant		Seve	ern,	Md.			U.S.	Α.	
13.	FATHER'S NAME			77174	1	4. MOTHER'S M					0.00	***	
	Jack H					Mar	ide H	ood					
15.	WAS DECEASED EVE	R IN U. S. ARMED F		SOCIAL SECURITY NO.	17. INFC	DRMANT			Addre	1915			
	no		1	14-12-9051	Ede	ar Whee	eler	(Husb.	and)				
	18. CAUSE OF DEAT	H [Enter anly one c	ause per line	for (a), (b), and (c).]							INTER	RVAL BETWE	DEP4
	PART I. DEAT	H WAS CAUSED BY:	se Se	of inflicted	WOU F	ind in +	he he	ant	to the	70.54		AND DEA	
	971.V	DUE TO	inter	lf inflicted recostal space	e, W	nth a 1	2-gai	uge s.	hotgun.	1511	0	udde	
	Canditions, if on	an and the Y							0				
	gove rise to immedi	iole cause	b1										
	(a), stating the u	indenty ing											
Z			OLLENDITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO T	HE TERMIN	JAI DISEAS	E CONDITION C	IVENI INI DA	DT Walls	0 14/45	ALLTORCY
5	7,7,7,1,0,7,1,1			THE STATE OF THE S	0011101	I ALLAILD TO TI	IL IERMIN	ALDISEAS	E CONDITION C	PIVEN IN PA		PERFO	RMED?
5	20a. EXTERNAL CAUS	SE MAS I	OAL DECCRIO		50 15						,	YES 🗌	NO X
CERTIFICATION	PRIMARY OF CON	TRIBUTING 1	Y =	e 18-a)	(ED. (Enfe	or nature at inju	ry in Part	i ar Pert II	of item 18.)				
3	20c. TIME OF INJUR	Y Manth, Day, Y			PLACE	OF INJURY (Ho	me, farm,	20f. (City	or lown)	(C	ounty)		(State)
MEDICAL	Hour man.	1:10 1-3 1	59 at we	Nat while	Ho.	, street, office b	idg., etc.)	S	evern	ΛΛ	. Co		Md.
				emains described			Autonsy		nspection X		iry 📆		d in my
	opinian death r				ent 🗍		-	_			, 1	-	u in my
	1		3		eni []	, Suicide	K., 13	amicide	, Unde	termined	manne		
	ACTUAL SUL	stane X	1-de	chertrud		A.D. CHIEF MEI	DICAL EXA	MINER				DATE S	IGNED
					-		MEDICA	LEXAMINE	R 🗍				
	EXAMINER'S NAME (Type) GE	stave H.	Fauber	t. M.D.		DEPUTY M	EDICAL EX	KAMINER 5	a		1	1-4-	50
220	BURIAL, CREMATION	The same of the sa		22c. NAME OF CEMETER	RY OR CR	EMATORY	T	22d. LOCA	IJON (City, lawn	or county)		(State	and an arrangement
	TEMOVAL (Specify)	fan . 7	1959	Selan 5	Heve	in		Kills.	~ 73	unie	,)	nd.	
23.	FUNERAL DIRECTOR'S	SIGNATURE	00	ADDRESS		m/2	4a. REC'D	BY REGIST	RAR 246. REC	GISTRAR'S S	GNATUR	RE	
1	1 den	glilon	XX.	in Jour	nes	11100	DATE JA	N9	59	Orthun.	S. Kra	us.	
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 196

00193

CERTIFICATE OF DEATH

Pen Dist. No

1. PLACE OF DEATH O. COUNTY Anne Arund	del		MARYLAI		USUAL RESIDENCE (b. STATE Maryland	Where decease	b. COUNTY			
Crownsvill	le		6y 1m 18d	16	Baltimore		prote limits, write	RURAL ond g	ive neares	it lown)
OR INSTITUTION	le State Hos				d. STREET ADDRESS 762 Frank		reet			IS RESIDENCE ON A FARM? (ES NO
3. NAME OF DECEASED (Type or print)	Be		(Beatrice) H		n William	4. DATE OF DEATH	Мо	nth 1	7 Pay	Yeor 19 59
Female	Negro	WIDOWE		2	15/1902		9. AGE (In years law brithdoy) 56 yrs			UNDER 24 HRS. Hours Min.
Housewife	iking me, even ir reffred	done 10b.	KIND OF BUSINESS OR II		Maryland	1	ountry)		U.S.	WHAT COUNTRY
13. FATHER'S NAME Henry	Hebron			14	Henriet					
15. WAS DECEASED EV (Yes, no. or unknown) Unknown	/ER IN U. S. ARMED FOR	CES? 16. ervice	SOCIAL SECURITY NO. Unknown	17. INFOR	MANT Spital Rec	cords	Add	lress		
Conditions, if gove rise to couse (a), storing fying couse lost.	ony, which immediate g the under-	Ari	e for (o), (b), ond (c).] abolia of Pu teriosclerot th Hypertens	ic an	d Syphili	tic Hea			ONSET	AL BETWEEN AND DEATH
3 Chronic	Brain Syndi	ome	ontributing to death Associated w	1th	entral Ne	rvous	aystem of	Phili	B 1	WAS AUTOPSY PERFORMED? ES NO
-	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Day, Yee	or 20d. IN	IJURY OCCURRED 20e	PLACE C	ter noture of injury in DF INJURY (Home, for street, office bldg., a	orm, 20f. (City		(C	ounty)	(Slole)
ACTUAL SIGNATURE	hat I attended the /7 Volume of the Hildegard Re	1959 ard	9 and that de		· · · · · · · · · · · · · · · · · · ·	ADDRESS (So	n the causes of teet, city or fown, ate Hosp:	ond on the stote) Ltal, M	d.	the deceased stated above DATE SIGNED 1/7/59
20 BURIAL CREMATIC REMOVAL (Specify	ON, 226. DATE THERECO		220. NAME OF CEMETER	Y OR CRE			TIOKYCH, town.		u •	(State)
23. FUNERAL DIRECTOR	RIVED Sillems	,	Schroeder	18	240. RE	C'D BY REGIST	- 0	STRAR'S SIG		

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FOR STATE HEALTH DEPT

ctor, Page our files. ssary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral athough be certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be a produced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 5 FUNERAL L. CTOR: Page 3 should be used as a byrial-transit permit. File pages 1 and 2 with the State Boar ar its designated agent, prior to burial, cremation, ar remaral, and in any event within 72 haurs after death.

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VS.	A1	5ME
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pan Diet No

00194

-		Reg. Dist. 140.
	PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (If outside corporale limits, write RURAL ond give nearest fown) Herald Harbor	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Herald Harbor
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Herald Harbor Road.	# STREET ADDRESS Herald Harbor Road e. IS RESIDENCE ON A FARM? YES NO
-		Herard narbot road
	NAME OF First Middle DECEASED (Type or print)	WILLIAMS 4. DATE Month Doy Year DEATH January 31 1959
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. Male Colored WIDOWED 7. DIVORCED 5.	D. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. 10. DATE OF BIRTH 10. DATE OF BIR
	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	alpha a Jones - Handrelly ml.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PLE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE
	CAUSE OF DEATH. Conflagration of	Enter nature of injury in Part I or Part II of item 18.)
-	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA Hour 30c. 1/31 19 59 While at work at work at work	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ory, street, office bldg., etc.) Home Herald Harbor A. A. Md.
	21. I certify that I took charge of the remains described abording apinion death resulted fram: Natural causes . Accident ACTUAL SIGNATURE	
	Paul F. Guerin, M.D.	CREMATORY 22d. LOGATION (City town, or county) (Stote) (Stote)
	Julium Lelse I anna, y	240. REC'D BY REGISTRAR 24b. REGATRAR'S SIGNATURE DATE FEB 5 '59 June 8 Priorie

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